

Latest trends in dentistry and disparities in oral health



According to the World Health Organization, “Oral health and overall health is a major indicator of well-being and quality of life. It has an impact on all the facets of people’s lives. Poor oral health maintenance can cause pain, suffering, deformity, and even death. The majority of oral health issues may be treated early on and are essentially preventable. The majority of cases are dental caries (tooth decay), periodontal diseases, oral cancers, oro-dental trauma, cleft lip, and palate, etc. Oral illnesses are increasing in the frequency in the majority of low- and middle-income countries due to increased urbanization and changes in the living environment. This is mostly because there is not enough fluoride in toothpaste and other oral care products, and there is not enough access to clean water. Availability and affordability of low quality food and high sugar content and poor access to oral health care in the community are the main reasons for inadequate oral health.

Oral diseases disproportionately affect the poor and socially disadvantaged members of society. There is a very strong and consistent association between socioeconomic status (income, occupation, and education level) and the prevalence and severity of the oral disease. In the high income and upper-middle income countries, people are more likely to have poor oral health if they are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, or rural populations who have suboptimal access to quality oral health care. As a result, poor oral health serves as the national symbol of social inequality. There is increasing recognition among those in public health that oral diseases such as dental caries and periodontal disease and general health conditions such as obesity and diabetes are closely linked by sharing common risk factors, including excess sugar consumption and tobacco use, as well as underlying infection and inflammatory pathways. Therefore, efforts to integrate oral health and primary health care, by improving access and quality of services require interventions at multiple levels. In

can be achieved by creating health care teams that can provide patient-centered care in both net clinics and community settings bridging these gaps so that patients can receive a lifetime of oral health care. Just like in the case of other medical specialties, disruptive innovations will have a huge impact on how dentistry will be practiced and how patients will take care of themselves in the future. Can you imagine that you might get your three-dimensional-printed prosthesis in an hour instead of 4–5 sessions at the dentist? How about having a teledentistry consultation? Or being able to grow new teeth at the age of 80?

Meanwhile, people in deprived communities, racial/ethnic minorities, homeless people, homebound or disabled individuals, and older adults are not sufficiently covered by oral health care. In countries of Central and Eastern Europe and Asia, decentralization, and deregulation of oral health services has taken place in recent years. The demand for treatment services has increased, particularly for low-income groups. In addition, many children are not covered by oral health programs because the school dental services formerly offered in most Eastern European countries have been discontinued. In developing countries, oral health services are offered mostly from regional or central hospitals in urban centers, and little, if any, priority is given to preventive or restorative dental care. Many countries in Africa, Asia, and Latin America have a shortage of oral health personnel, and the capacity of the systems is limited largely to pain relief or emergency care. In Africa, the dentist-to-population ratio is 1:150,000 compared with 1:2,000 in most industrialized countries.


Thus, this is the need of the hour, to continue the development of integrative technology and healthcare models that are designed for the communities they serve, recognizing the needs of families and individuals with limited resources. So that no one at any age will need to endure pain and suffering because of a lack of access to oral health care.

AYESHA SADAF

Department of Prosthodontics, Al-Noor Specialist Hospital,
Makkah Affiliated Ministry of Health, Mecca, Saudi Arabia.
E-mail: drashsad@gmail.com

Submitted: 05-Nov-2022, **Accepted in Revised Form:** 12-Nov-2022,
Published: 27-Dec-2022

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Website: www.sidj.org	Quick Response Code 
DOI: 10.4103/sidj.sidj_16_22	

How to cite this article: Sadaf A. Latest trends in dentistry and disparities in oral health. Saint Int Dent J 2022;6:29-30.