



بِناَمِ اللَّهِ



انجمن سلامت دهان و دندان جامعه ایران

Iranian Association Of Community Oral Health

ارتقاء
سلامت
دهان

- تعریف
- شاخصهای ارتقاء سلامت دهان
- مثالهای عملی
- سابقه فعالیتهای ارتقاء سلامت دهان در ایران
- پیشنهادات

تعریف سلامت دهان

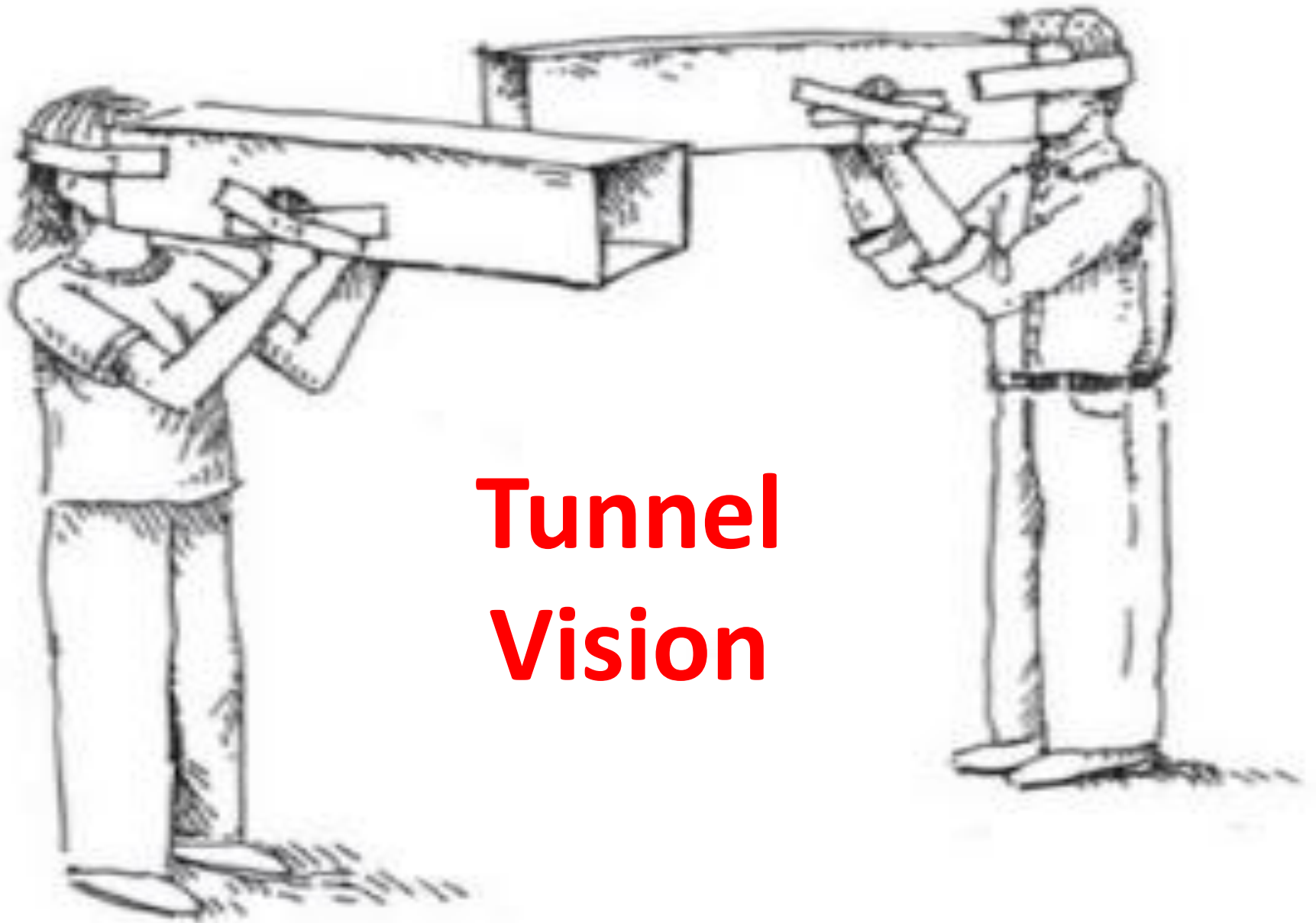
تعریف سلامت دهان کار آسانی نیست. تعریف بیولوژیکی سلامت دهان یعنی عدم وجود بیماری تلقی خاص نبود پوسیدگی دندان و بیماری پریودنتال بدنبال می آورد.

در حالیکه سازمان جهانی بهداشت سلامت دهان را اینگونه تعریف می نماید.

A natural, functional, acceptable dentition which enables an individual to eat, speak, and socialise without discomfort, pain or embarrassment, for a lifetime, and which contributes to general well being (WHO 1982).







**Tunnel
Vision**



تعریف

- فرایند **توانمند سازی مرده** برای افزایش کنترلشان بر سلامت خود و بهبود سلامت خود
- تمرکز فعالیتهای ارتقاء سلامت بر **جمعیتهاست تا تک تک افراد**
- **تمام جمعیتهای**، گروه هدف هستند؛ نه تنها افراد بیمار
- تمرکز فعالیتهای بر **تغییر عوامل اساسی تعیین کننده سلامت**
- نیازمند **همکاری همه بخشها و مشارکت خود مرده**

شاخصهای ارتقاء سلامت دهان

- **پوسیدگی دندان و بیماریهای پریودنتال (لثه) مهمترین و شایعترین بیماریهای دهان و دندان**
- **هر دو وابسته به سبک زندگی و قابل پیشگیری**
- **شاخص اندازه گیری پوسیدگی: DMFT**
- **شاخص اندازه گیری بیماریهای پریودنتال: CPI**
- **در هر دو بیماری کاهش شاخص هدف برنامه های ارتقاء سلامت دهان**

مثالهای عملی از ارتقاء سلامت دهان جامعه

- برنامه درمان غیر ترمیمی پوسیدگی دندان

A Non-Operative Caries Treatment Program
(NOCTP); the Nexo study

- برنامه پیشگیری از پوسیدگی مبتنی بر نیاز وارملند

Varmland Needs-based Caries Preventive
Programme

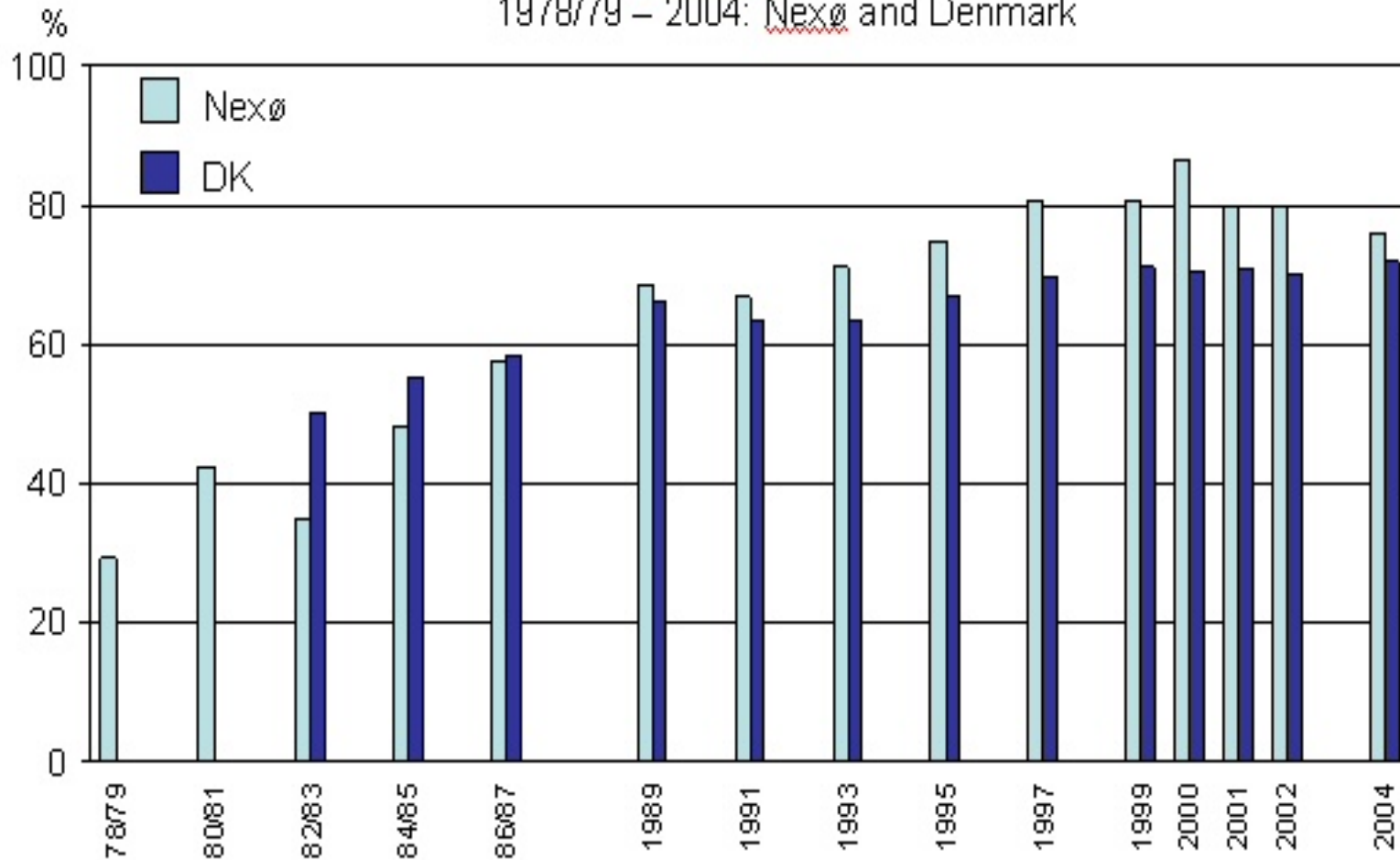
NOCTP; Nexo study

- Aim:

to maintain sound teeth
using the fewest
resources possible.

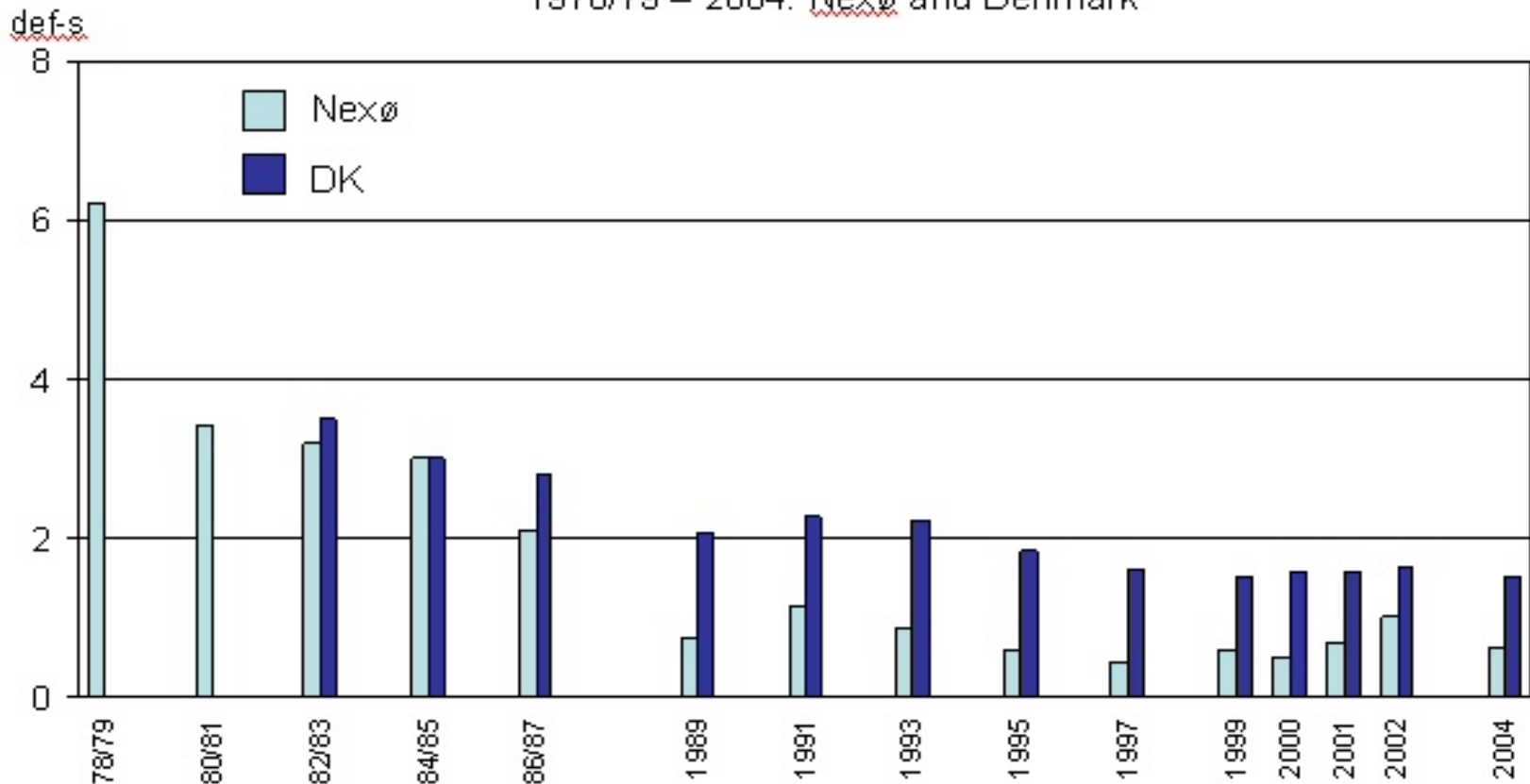
NOCTP; Nexø study: % of 5-yr-olds with no caries

Fig 1: % of cohort 5-yr-olds with def-s=0
1978/79 – 2004: Nexø and Denmark



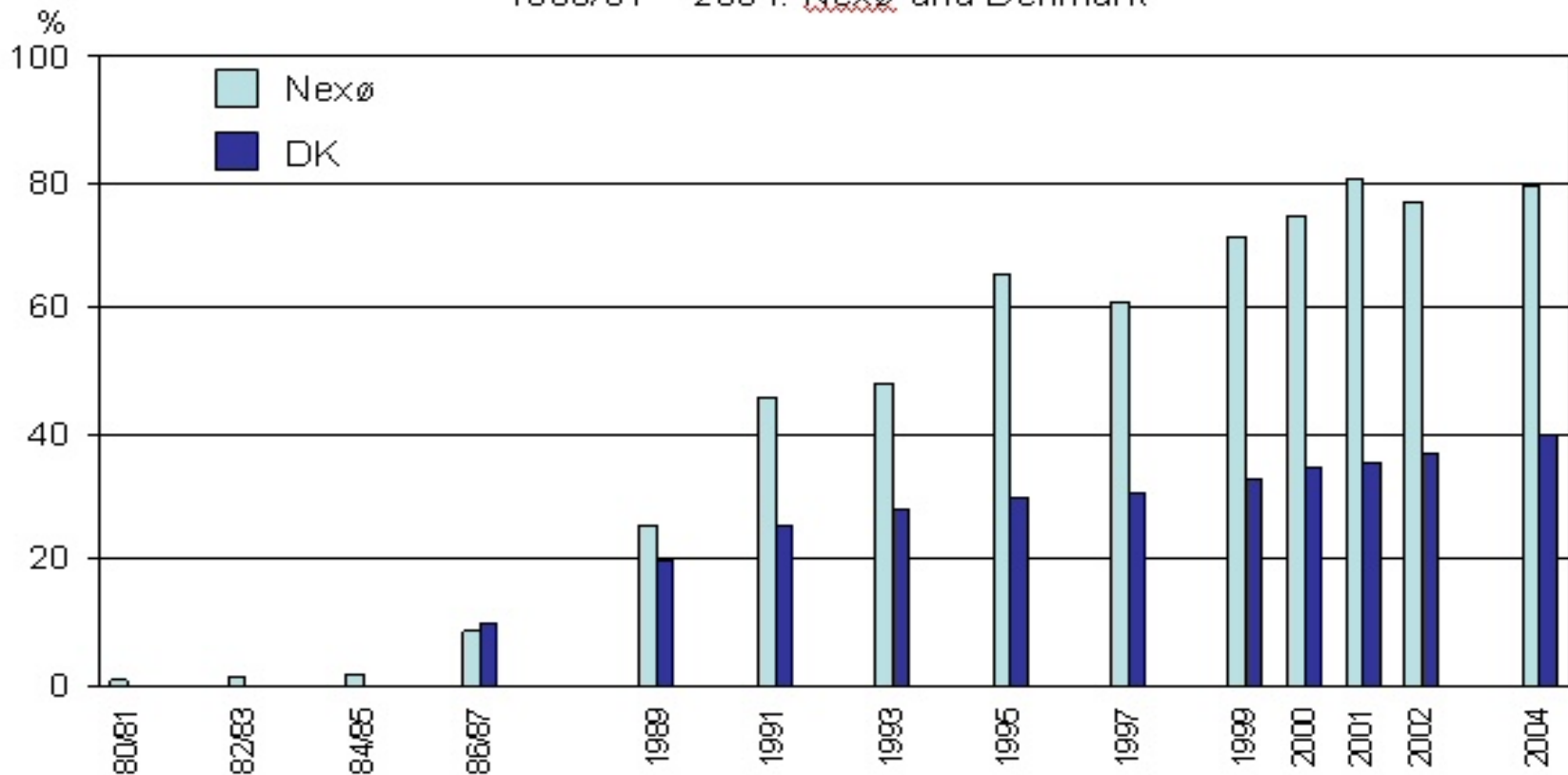
NOCTP; Nexø study: dmf 5-yr-olds

Fig 2: def-s 5-yr-olds
1978/79 – 2004: Nexø and Denmark



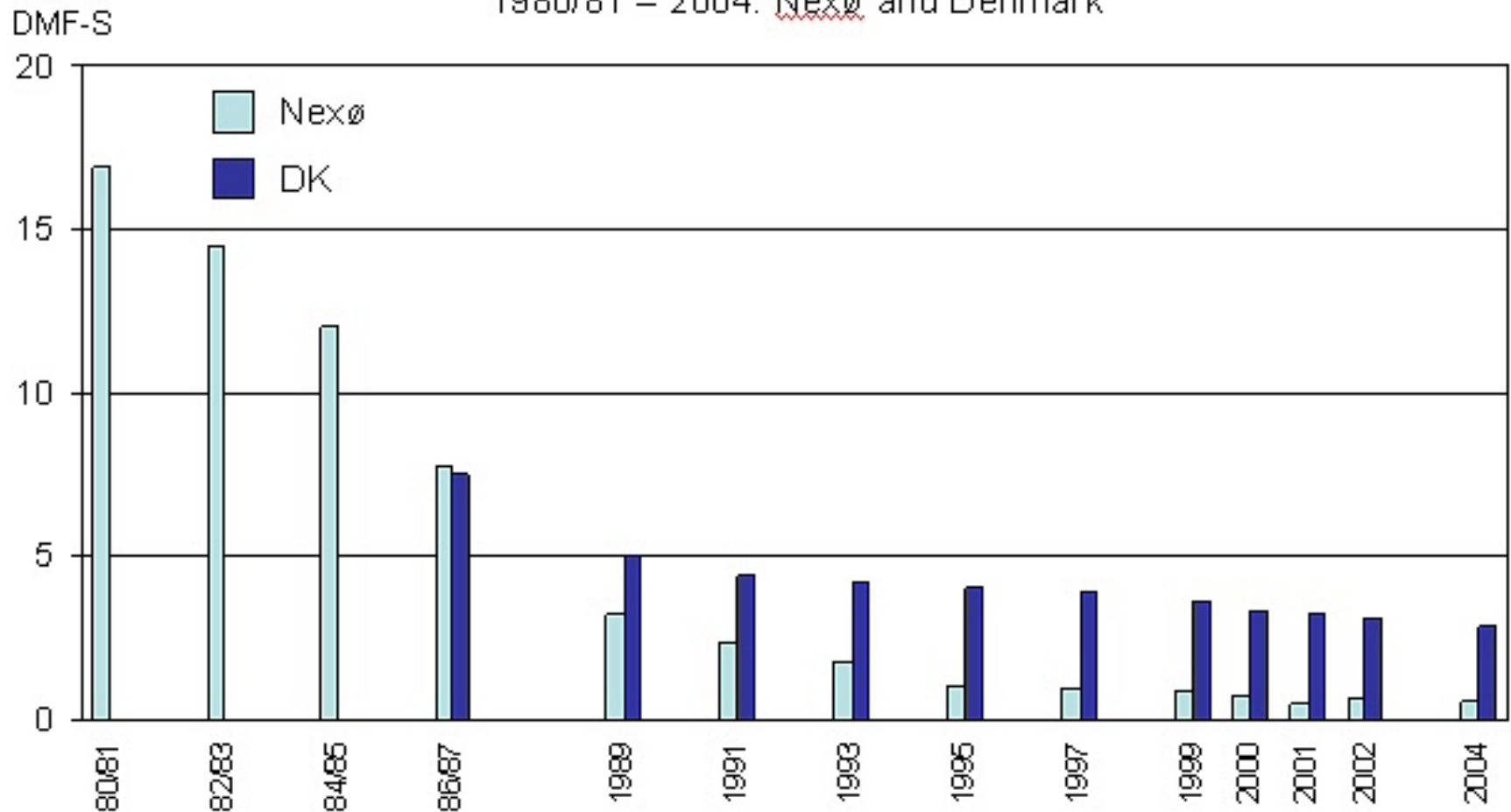
NOCTP; Nexø study: % of 15-yr-olds with no caries

Fig 3: % of cohort 15-yr-olds with DMF-S=0
1980/81 – 2004: Nexø and Denmark



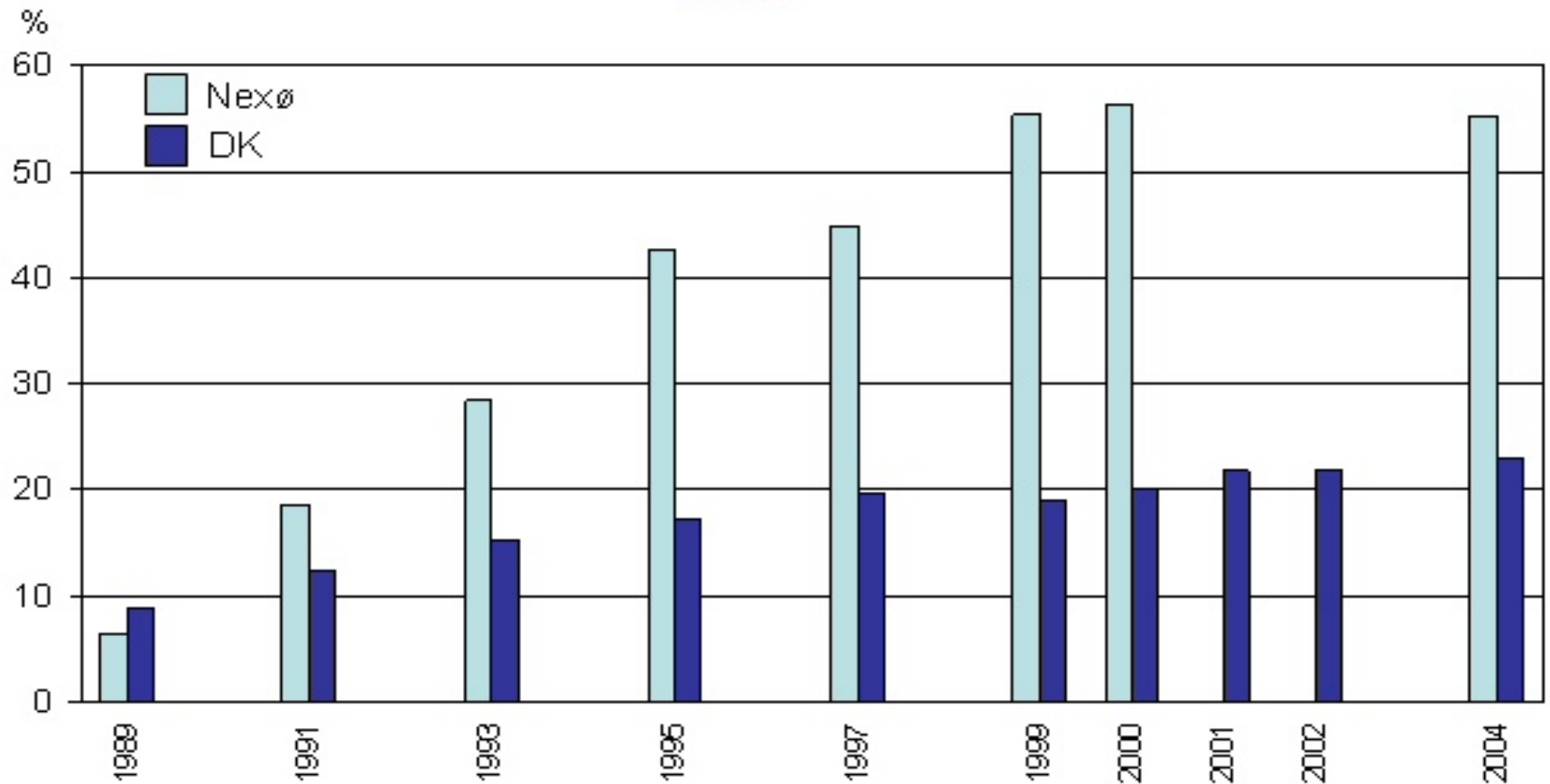
NOCTP; Nexø study: DMF 15-yr-olds

Fig 4: DMF-S, 15-yr-olds
1980/81 – 2004: ~~Nexø~~ and Denmark



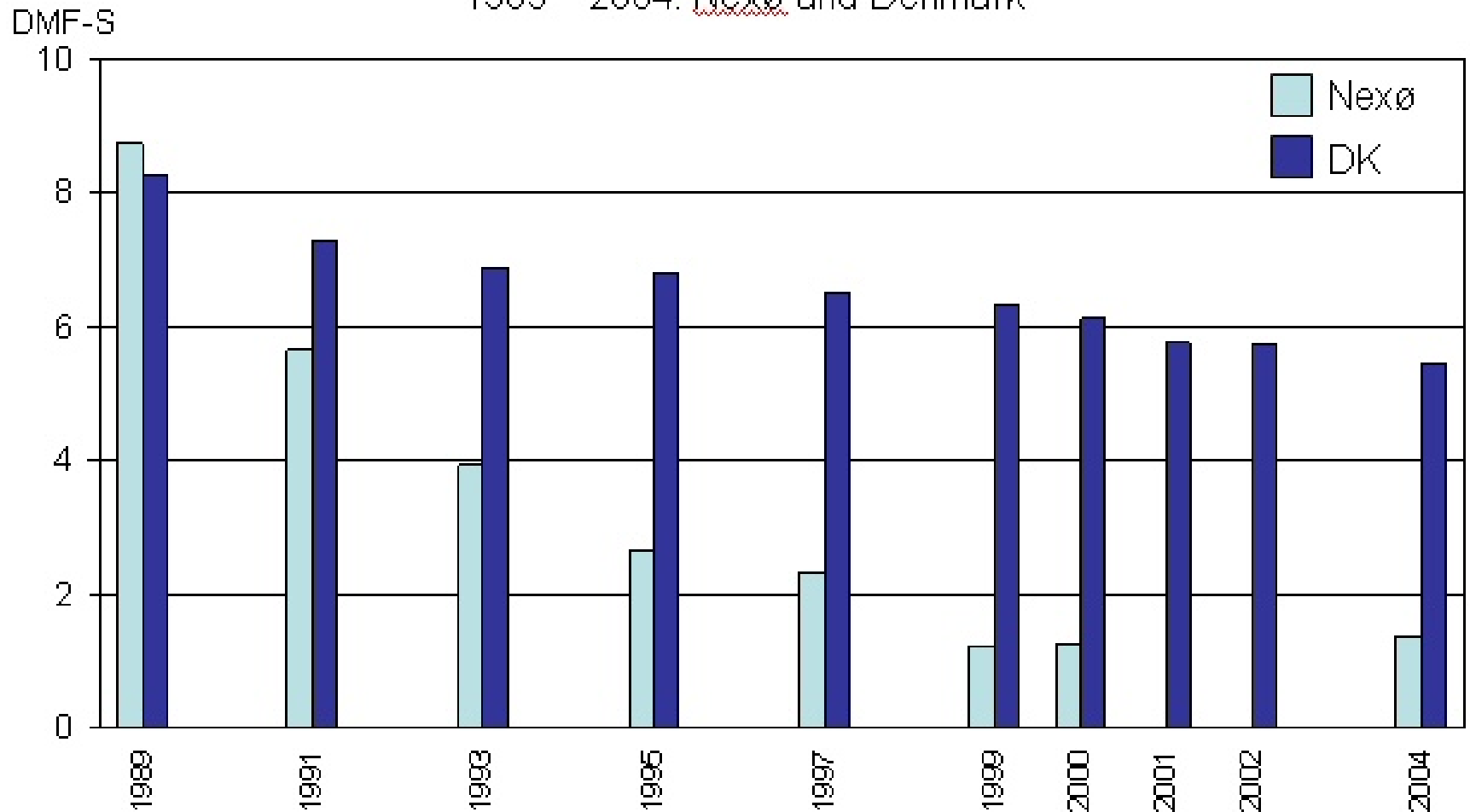
NOCTP; Nexø study: % of 18-yr-olds with no caries

Fig 5: % of cohort 18-yr-olds with DMF-S=0
1989 – 2004: Nexø and Denmark



NOCTP; Nexø study: DMF 18-yr-olds

Fig 6: DMF-S, 18-yr-olds
1989 – 2004: Nexø and Denmark



NOCTP; Nexo study

- **How they achieved such a health gain?**

The treatment program is based on 3 principles:

- **Education** of parents, children and adolescents in understanding dental caries as a localized disease.
- **Intensive training** in home-based plaque control.
- **Early professional non-operative intervention.**

NOCTP; Nexo study

PRIMARY DENTITION

Aim: To keep caries progression at a level where no fillings will be needed.

Method :

- **Education** of parents starts when the **child is 8 months** old and called to the clinic for the first time.
- **Training in home based plaque control:**
Demonstration of plaque.
Education in plaque removal.

NOCTP; Nexo study

PRIMARY DENTITION

- **Early professional non-operative intervention:**
Plaque removal by means of toothbrush or rubber cup and dental floss.
Surface drying.
- **Diagnosing:**
Visual examination for indications of caries progression.
- **In case of progression:**
Further education and training in plaque removal.
Topical application of fluoride.
- **Assessment of recall interval**

NOCTP; Nexo study

Principles for individual assessment of recall intervals
based on diagnosis and risk assessment

Cooperation of parents	Inadequate Good	2 points 1 point
Caries progression within the dentition	Yes No	2 points 1 points
4 points: 1-3 months interval 3 points: 4-8 months interval 2 points: 8-12 months interval		

NOCTP; Nexo study

PERMANENT FIRST MOLAR

- **Aim:**

To keep caries progression at a level where no fillings and as few fissure sealants as possible will be needed.

NOCTP; Nexo study

PERMANENT FIRST MOLAR

- **Aim:**

To keep caries progression at a level where no fillings and as few fissure sealants as possible will be needed.

NOCTP; Nexo study

PERMANENT FIRST MOLAR

- **Method:**

Education is given to parents' **right after the emergence of permanent first molars.**

Additional education is given at meetings for parents of 6-yr-olds.

The children are given lectures involving them in the subject of the permanent first molars.

NOCTP; Nexo study

PERMANENT FIRST MOLAR

Method:

- **Early professional non-operative intervention:**
Plaque removal by means of rubber cup, rotating tuft and dental floss.
Surface drying.
- **Diagnosing:**
Visual examination for indications of caries progression. Radiographic examination, if required.
- **In case of progression:**
Further education and training in plaque removal.
Topical application of fluoride.
- **Assessment of recall interval.**

NOCTP; Nexo study

Principles for individual assessment of recall intervals
based on diagnosis and risk assessment

Cooperation of parents	Inadequate	2 points
	Good	1 point
Caries progression within the dentition	Yes	2 points
	No	1 points
Stage of eruption of permanent first molars	Partly erupted	2 points
	Full occlusion	1 point
Occlusal surfaces of permanent first molars	Caries progression	2 points
	Caries free or arrested lesions	1 point

8 points: 1 months interval

7 points: 2 months interval

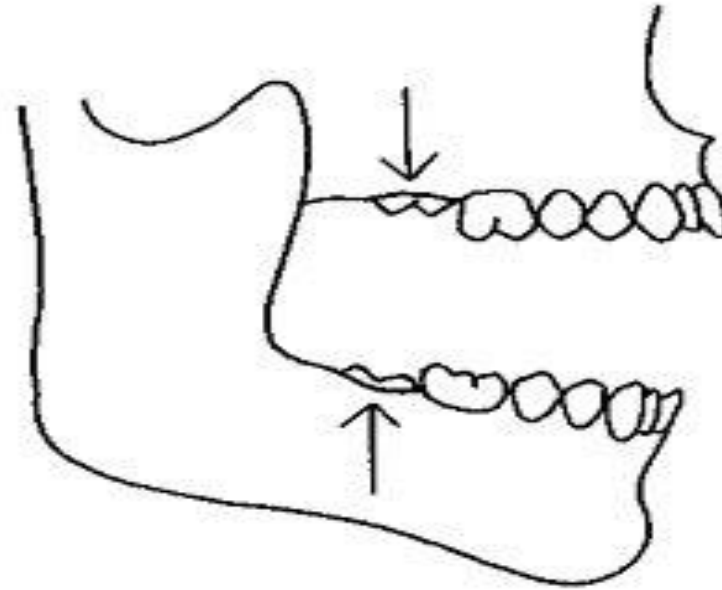
6 points: 3 months interval

5 points: 4 months interval

4 points: 6-12 months interval

NOCTP; Nexo study

PERMANENT SECOND MOLAR



*Arrows indicate the emergence of the permanent second molars.
The figure shows the difficulty in reaching them with a toothbrush.*

NOCTP; Nexo study

PERMANENT DENTITION

- **Aim**

The adolescents should have achieved knowledge that enables them to keep caries progression at a level, that requires minimal use of dental materials, and gingiva free of inflammation.

NOCTP; Nexo study

PERMANENT DENTITION

- **Education** is continued at the clinic.
- **Training in home based plaque control:**
Demonstration of plaque.
Education and training in toothbrushing and the use of dental floss where needed.
- **Early professional non-operative intervention:**
Plaque removal by means of rubber cup, rotating tuft and dental floss.
Surface drying.
Diagnosing: Visual examination for indications of caries progression and gingival inflammation. Radiographic examination, if required.
In case of caries progression or gingival inflammation: Further education and training in plaque removal.
In case of caries progression: Topical application of fluoride.
Assessment of recall interval.

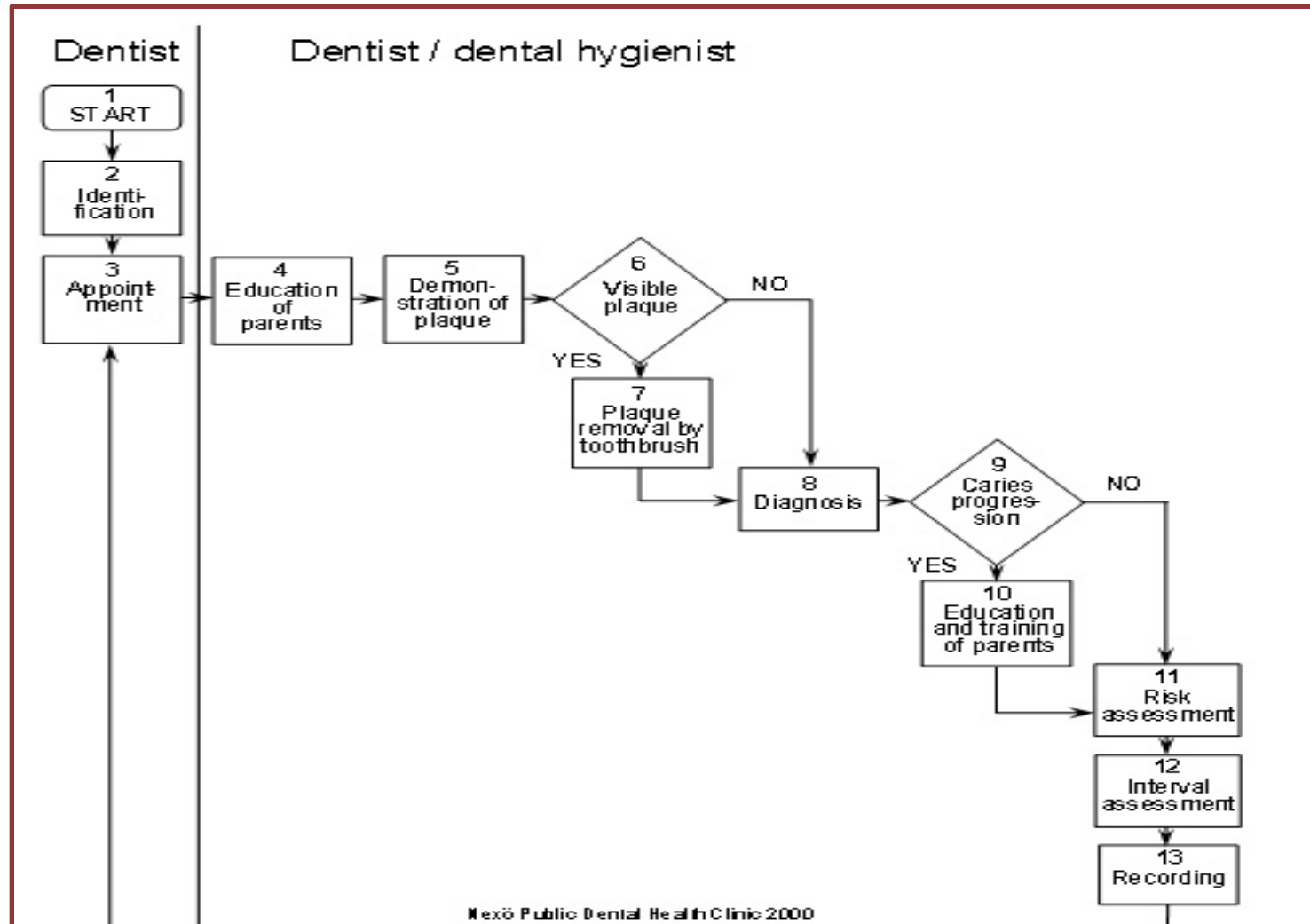
NOCTP; Nexo study

Principles for individual assessment of recall intervals
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Cooperation of parents	Inadequate Good	2 points 1 point
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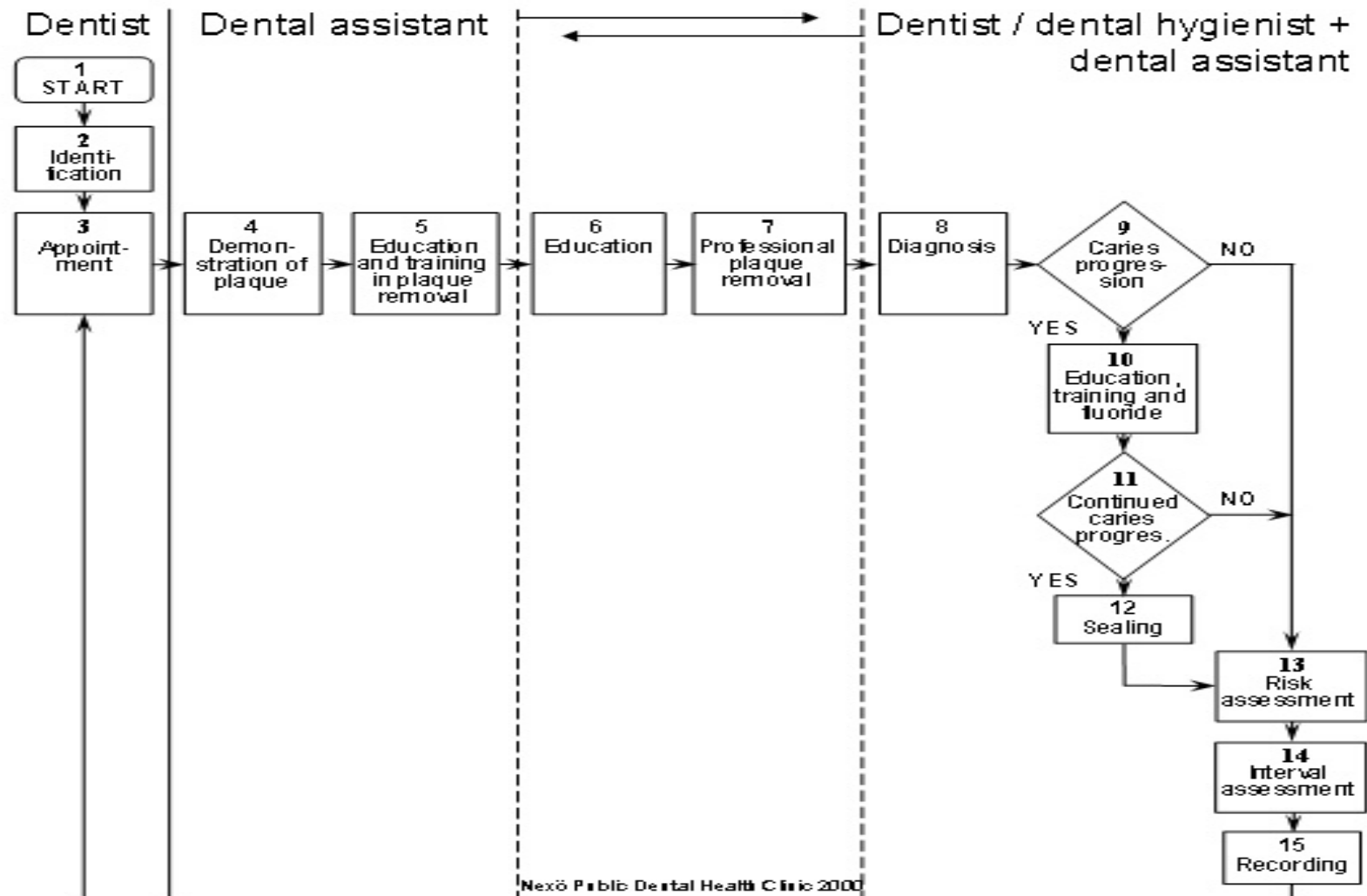
NOCTP; Nexo study

Primary teeth, 0 to 5-yr-olds: Clinical process



NOCTP; Nexo study

Permanent dentition: Clinical process





Varmland Study

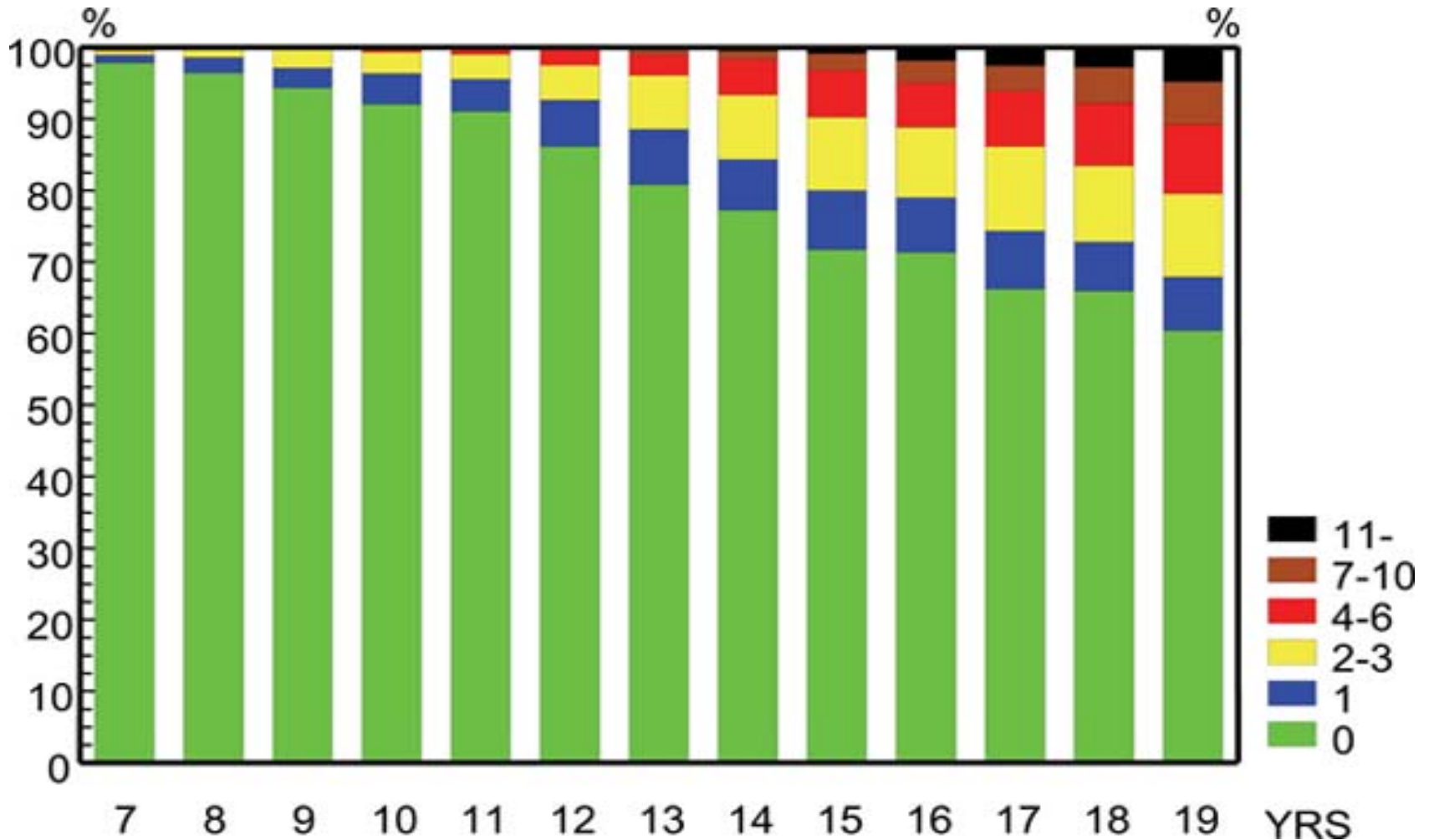
- a needs-related caries preventive program was introduced for all **0–19-year-olds** in the county of Värmland, Sweden, in 1979

Varmland Study

- Aim:
 1. To have **no approximal restorations**.
 2. To have **no occlusal amalgam restorations**.
 3. To have **no approximal loss of periodontal attachment**.
 4. To **motivate and encourage individuals** to assume responsibility for their own oral health.

Varmland Study

Caries prevalence, County of Värmland 1999. DFS



Varmland Study

Caries free experience %		
	1979	1991
3 years old		
Varmland	51	94
Sweden	68	88
5 years old		
Varmland	27	72
Sweden	35	60

Varmland Study

Varmland DFS* scores		
	1979	1990
12 yr	6	1
15 yr	12	3.5
19 yr	24.3	6.5

Varmland Study

Cost-effectiveness is established by comparing the average treatment time per child per year - dentists are paid more than dental assistants:

	1979	1990
Varmland	1.8 hour (dentist)	0.8 hour (dentist) + 0.4 hr (preventive assistant)
Sweden	1.7 hour (dentist)	1.1 hour (dentist) + 0.4 hr (assistant)

Varmland Study

- Caries **incidence** was reduced **more than 90%** in all age groups.
- **More than 90% did not develop** any new caries lesions in 1999.

Varmland Study

- In **19-year-olds** the mean number of approximal DFS **was <1**,
- and only 0.5 had to be filled.
- The mean number of occlusal **DFS was <1**.

Varmland Study

- The effect of the program is evaluated once every year on almost 100% of all 3–19-year-olds in a computer-aided epidemiologic program from 1979.
- Most of the individualized preventive program was carried out by dental hygienists or prophylactic dental assistants at clinics in the elementary schools.

References

- <http://www.nexodent.com/>
- Axelsson P. The effect of a needs-related caries preventive program in children and young adults - results after 20 years. BMC Oral Health. 2006 Jun 15;6 Suppl 1:S7.

بجای درمان به سلامت بیندیشیم



مادر پیاله عکس رخ یار دیده ایم ای بی خبر ز لذت شرب مدام ما