

Inequalities in dental health

A briefing from the National Alliance for Equity in Dental Health

November 2001

Severe tooth decay with abscess in a young child



Tooth decay is one of the commonest diseases of children in the UK.

Tooth extraction is the most common form of treatment of tooth decay in 5-year-olds.



General anaesthetics carry significant risks. The Government has ruled that from 1 January 2002 all dental general anaesthetics must take place in hospital.

References

1. Pitts NB, Evans DJ, and Nugent ZJ (2001): The dental caries experience of 5-year-old children in Great Britain. Surveys coordinated by the British Association for the Study of Community Dentistry in 1999/2000. *Community Dental Health*. 18, 49-55
2. British Society of Paediatric Dentistry (2001): A policy document on management of caries in the primary dentition. *International Journal of Paediatric Dentistry*. 11, 153-157.

Latest National Survey of 5-Year-Olds' Teeth Reveals Continued Inequalities

– 6 Fold Difference Between The Best and the Worst¹

- Glasgow and Manchester are once again at the bottom of the national dental health league table. 5-year-olds in Glasgow suffer 6 times more tooth decay than those in Solihull which is at the top. Glasgow 5-year-olds have on average 3½ decayed missing or filled teeth. The picture is similar in Manchester. Compare this with Solihull where on average 5-year-olds have just over half a tooth affected.
- Children living in poverty suffer the highest levels of tooth decay. It is not surprising therefore that young children living in Glasgow and Manchester suffer more decay than those living in more affluent Solihull - not surprising, but unacceptable none the less.
- A few miles from Solihull is Sandwell - one of the most socially deprived districts in the country. Thanks to water fluoridation, the dental health of young children in Sandwell is excellent - almost as good as in affluent Solihull.

* *WATER FLUORIDATION REDUCES HEALTH INEQUALITIES* *

SEE LEAGUE TABLE INSIDE...

Where is YOUR District? Is it Fluoridated?

Key Report Recommends “Urgent Steps” to Improve the Dental Health of Young Children

A recent policy document issued by the British Society of Paediatric Dentistry² confirms tooth decay as one of the most common diseases of children in the UK. The report highlights the detrimental impact tooth decay might have on the health and quality of life of young children. In particular:

- **Infection** - “... such infection can have systemic effects and may, rarely, be fatal.”
- **Other effects** - “interference with nutrition, loss of sleep, behavioural disturbances.”

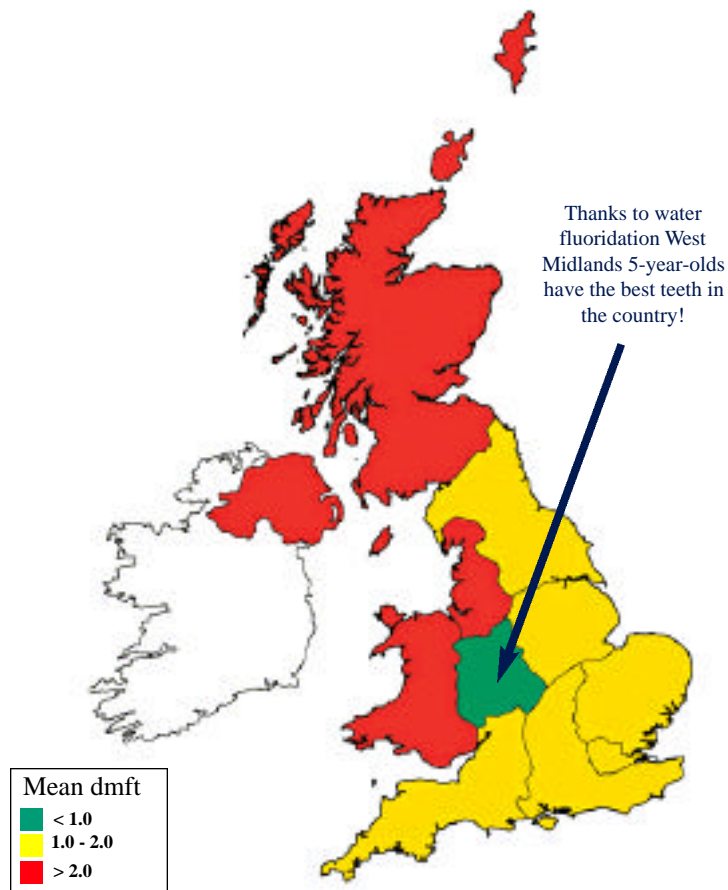
Tooth extraction - usually carried out under general anaesthetic - is the most common treatment for tooth decay in young children. The report notes the significant risks associated with general anaesthetic.

Finally, the report stresses the need for prevention, and **recommends water fluoridation.**

The National Alliance for Equity in Dental Health is campaigning for the rights of communities to choose fluoridation.

See back page for contact details

Average decayed missing and filled teeth in UK 5-year-olds



"Tackling health inequalities has been a high priority for the Government since it took office"

Yvette Cooper MP, Minister for Public Health. August 2001



John Renshaw, Chairman, Executive Board, British Dental Association

"We have a government who for over 4 years has apparently been committed to reducing health inequalities. It is very disappointing therefore that, for the want of a fluoridated water supply, young children in Manchester continue to suffer over 3 times as much tooth decay as children in Birmingham."

The UK Dental Health League Table for 5-Year-Olds

Fluoridated Districts Occupy 7 of the Top 10 Positions

Thanks to water fluoridation Birmingham has already hit the Government's 2003 target for children's dental health. Children in Birmingham suffer less toothache, and fewer general anaesthetics for tooth extraction. They are healthier - and have better looking smiles as a result!

Districts at the Bottom of the League Need Fluoridation to Improve Children's Health

Without fluoridation cities such as Manchester Glasgow, Leeds, Belfast, and Swansea will not reach the target in the foreseeable future - the health and well being of children there will continue to suffer as a result.

Average decayed missing and filled teeth per 5-year-old and fluoridation status in UK health districts 1999/2000¹

Rank	HEALTH DISTRICT	² Mean dmft	Fluoridation status	³ Pop on F supplies %		Rank	HEALTH DISTRICT	² Mean dmft	Fluoridation status	³ Pop on F supplies %
1	Solihull	0.58	Fluoridated	100		62	Hillingdon	1.46		
2	Dudley	0.59	Fluoridated	75			Leicestershire	1.46		
3	Kingston & Richmond	0.66				64	Enfield & Haringey	1.48		
4	Warwickshire	0.70	Fluoridated	83			Stockport	1.48		
5	Worcestershire	0.71	Fluoridated	71		66	East Riding	1.50		
6	South Staffordshire	0.72	Fluoridated	67			Northumberland	1.50	Fluoridated	35
7	Lincolnshire	0.74	Fluoridated	50		68	Herefordshire	1.53		
8	Bromley	0.78				69	Shetland	1.58		
10	West Kent	0.78				70	Norfolk	1.63		
11	Walsall	0.81	Fluoridated	100		71	Barnet	1.64		
12	North & Mid Hampshire	0.83				72	Nottingham	1.71		
13	North Essex	0.84				73	Doncaster	1.77		
14	Suffolk	0.87				74	North Cumbria	1.80	Fluoridated	40
15	Sandwell	0.89	Fluoridated	100			Rotherham	1.80		
16	Croydon	0.90				76	Tees	1.81		16
18	East Surrey	0.91				77	Bro Taf	1.85		
18	East Sussex, Brighton & Hove	0.91				78	Grampian	1.89		
20	South Essex	0.92				79	South & West Devon	1.90		
21	Buckinghamshire	0.92				80	County Durham	1.93	Fluoridated	25
21	Dorset	0.95					Sunderland	1.93		
21	Birmingham	0.97	Fluoridated	100		82	Morecambe Bay	1.94		
21	Coventry	0.97	Fluoridated	85			North Wales	1.94		
23	East Kent	0.98					Fife	1.94		
24	North Derbyshire	1.04				85	Iechyd Morgannwg	1.99		
24	South Humber	1.04	Fluoridated	47	Dept. of Health 2003 target	86	Brent & Harrow	2.00		
26	Bexley & Greenwich	1.08					Wirral	2.00		
26	Northamptonshire	1.08				88	Leeds	2.03		
29	West Surrey	1.08					Dumfries & Galloway	2.03		
29	Barking & Havering	1.09				90	North West Lancashire	2.05		
31	Merton, Sutton & Wandsworth	1.09					Salford & Trafford	2.05		
31	West Sussex	1.10					South Lancashire	2.05		
32	Avon	1.14				93	Ealing, Hammersmith & Hounslow	2.08		
33	South Derbyshire	1.15		6		94	Wakefield	2.10		
34	Cambridgeshire	1.17				95	Barnsley	2.19		
34	Lambeth, Southwark & Lewisham	1.17				96	Lothian	2.24		
37	Cornwall & Isles of Scilly	1.17				97	Calderdale & Kirklees	2.30		
38	Portsmouth & SE Hampshire	1.19					Dyfed Powys	2.30		
38	Newcastle & North Tyneside	1.20	Fluoridated	70		99	Bradford	2.34		
40	Wolverhampton	1.20	Fluoridated	100 ⁴		100	Ayrshire & Arran	2.37		
40	South Cheshire	1.21	Fluoridated	< 50		101	East London & the City	2.41		
42	Berkshire	1.21					West Pennine	2.41		
42	East & North Hertfordshire	1.23				103	Wigan & Bolton	2.42		
42	Sefton	1.23				104	Southern HSSB ⁵	2.43		
48	Gateshead & South Tyneside	1.23	Fluoridated	50		105	Forth Valley	2.45		
48	Wiltshire	1.23				106	Tayside	2.47		
49	North Nottinghamshire	1.23	Fluoridated	80		107	Bury & Rochdale	2.55		
49	Sheffield	1.23				108	East Lancashire	2.60		
49	Oxfordshire	1.25				109	Camden & Islington	2.61		
49	Isle of Wight	1.27				110	Kensington, Chelsea & Westminster	2.64		
52	Southampton & SW Hampshire	1.27				111	Highland	2.65		
52	Gloucestershire	1.27				112	Orkney	2.68		
53	North & East Devon	1.32				113	Argyll & Clyde	2.73		
53	Redbridge & Waltham Forest	1.33					Lanarkshire	2.73		
55	Somerset	1.33				115	Gwent	2.82		
55	West Hertfordshire	1.34				116	Liverpool	2.84		
56	Borders	1.39				117	St. Helens & Knowsley	2.87		
57	Bedfordshire	1.42	Fluoridated	52		118	Western HSSB ⁵	2.91		
57	North Cheshire	1.42				119	Eastern HSSB ⁵	2.97		
57	North Yorkshire	1.42				120	Manchester	3.15		
57	North Staffordshire	1.42				121	Northern HSSB ⁵	3.30		
61	Shropshire	1.43		5		122	Western Isles	3.46		
						123	Greater Glasgow	3.51		

1. Data from national 1999/00 survey co-ordinated by the British Association for the Study of Community Dentistry (Northern Ireland data from 1998 survey).
2. Mean dmft = average number of decayed missing or filled teeth per 5-year-old.

3. Pop on F supplies % = percentage of health district population receiving a fluoridated water supply.
4. 30% coverage up to 1997, therefore only 30% of these children have had lifetime exposure
5. 1998 data

Why do Inequalities in Children's Dental Health Matter?

The British Society of Paediatric Dentistry report highlights, once again, the serious impact that tooth decay can have on the health and well being of children.

Too many young children in disadvantaged communities continue to carry the avoidable burden of pain, distress and disfigurement associated with severe tooth decay and its treatment - in particular the risks of general anaesthetic.



The British Society of Paediatric Dentistry report points out the significant risks associated with general anaesthetic, and the Government has ruled that from 1 January 2002 all dental general anaesthetics must take place in hospital. Though necessary, this is an avoidable drain on NHS resources and facilities, and an unnecessary hindrance of the service's ability to deliver Government targets.

The Government Must Act Now to Ensure that Water Fluoridation is Implemented Where it is Needed and Acceptable to the Communities Concerned.

Acheson Inequalities Inquiry Recommended Water Fluoridation

The 1998 Independent Inquiry into Inequalities in Health chaired by Sir Donald Acheson said:

“Fluoridation of water supplies should decrease inequalities in dental caries [tooth decay] between areas, and between socio-economic groups.”

Recommendation 22.2:

“We recommend the fluoridation of the water supply.”

1 in 10 Have it, 3 in 10 Need it!

To reduce inequalities in children's dental health, the British Dental Association recommends that fluoridation should be extended from the existing 10% coverage to around 30% to include the North of England, parts of Scotland, parts of Wales, Northern Ireland and Inner London. Elsewhere, tooth decay rates are relatively low, and water fluoridation would probably not be cost effective.

WATER FLUORIDATION IS SAFE

Every major health body in the world - from the World Health Organisation down - recognises that water fluoridation is a safe way of improving oral health.

(See the British Fluoridation Society website, www.liv.ac.uk/bfs, for more details of the safety and general health effects of fluoridation.)

HOW YOU CAN HELP

Health Ministers need to know the strength of feeling about inequalities in children's dental health, and the extent of public and professional support for water fluoridation. Please write to the Minister responsible for dentistry, Hazel Blears, demanding urgent action on the issue. The Minister's address is:

**Department of Health
Richmond House, 79 Whitehall
LONDON, SW1 2NS.**

For More Information

- **For further supplies of this briefing, or more information about any aspect of dental health inequalities or water fluoridation, contact:**

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- For more information about the Alliance for Equity in Dental Health see our web site: <http://www.liv.ac.uk/bfs/>
- For more information about dental health in your own area contact the Public Health Department of your local health authority.



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