ORAL HEALTH AND HYGIENE

Good oral health means having healthy teeth and gums along with bones and soft tissues in the mouth. Oral health contributes to physical, mental and social well being and the enjoyment of life’s possibilities by allowing us to speak, eat and socialize without pain, discomfort or embarrassment (Canadian Dental Association, 2013). Oral hygiene, a key factor in maintaining good oral health, is the ability to maintain a clean mouth, free of plaque and tartar (hardened plaque). Build-up of plaque and tartar can lead to destruction of the gums, bone and tissues (the periodontal structures) that surround and support the teeth. Many people suffer from varying degrees of periodontal disease. Approximately 44% of First Nations people have an abundance of plaque and tartar build-up and 43.9% show signs of early periodontal disease (First Nations Information Governance Centre [FNIGC], 2012a). Among Inuit, the Inuit Oral Health Survey1 noted a disproportionate burden of oral health disease with 29.8% of respondents reporting ongoing or persistent pain and 30.3% avoiding certain foods because of problems with their mouth (Health Canada, et al., 2011).

Development of Periodontal Disease

Daily oral hygiene, including both brushing and flossing along with regular cleanings by a dental professional, are important for healthy gums (Darby & Walsh 2010). Without this meticulous care, periodontal disease may develop. There are two main categories of periodontal disease: gingivitis and periodontitis. The most common type is gingivitis (Health Canada, 2009). Gingivitis is caused by an accumulation of plaque and tartar and may present as redness, swelling and bleeding (Clerehugh, Tugnait, & Genco, 2009). Plaque begins to form almost immediately after the teeth have been cleaned. Within 24 hours, inflammation may begin within the cells of the surrounding gum tissues. If this inflammatory process continues, gingivitis soon develops (Newman, Takei, Klokkevold, & Carranza, 2012). However, if care is taken to remove the plaque and tartar deposits, the gingivitis can be reversed.

Periodontitis, a more severe form of periodontal disease, can occur if gingivitis is left untreated. The inflammation begins to spread beyond the gum tissue, causing loss of bone and connective tissue that support the tooth. This process is irreversible. Patients may notice that their teeth look ‘longer’ as the gum tissue recedes; their teeth may also begin to feel loose and drift from their original position. Dental professionals diagnose periodontitis using radiographs (x-rays) and a clinical examination (Clerehugh, Tugnait, & Genco, 2009; Darby & Walsh, 2010).

Risk Factors

Most risk factors for the development of periodontal disease are behaviours that can be modified by the individual.

Smoking is considered one of the most important risk factors (Darby & Walsh, 2010). In Canada, the Aboriginal2 population has a markedly higher smoking rate than the non-Aboriginal population. The smoking rate is particularly high.

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1 The Inuit Oral Health Survey provides estimates of the burden of oral health conditions in Canada’s North, with the exception of Nunavik, during 2009-10.
2 The term ‘Aboriginal’ is used here to refer inclusively to the First Nations, Inuit, and Métis people of Canada collectively, regardless of whether they reside on or off reserve or are registered as status Indians.
among First Nations and Inuit, with 57% of adults smoking daily compared with only 31% of Métis adults and 20% of non-Aboriginal Canadian adults (FNIGC, 2012b; Tait, 2009; Métis Centre, 2011).

Uncontrolled diabetes and poor oral hygiene are also risk factors for periodontal disease (Genco, 1996; University of Maryland Medical Center, 2011). Type II diabetes is 3-5 times more prevalent among First Nations people and is increasing among Inuit, putting them at greater risk for periodontal disease (Health Canada, 2012). Also noteworthy is the fact that poor oral health can affect diabetes management (Gillis, 2010).

Other risk factors for periodontal disease include osteoporosis, obesity, genetic factors, stress, and low socioeconomic status (Genco, 1996; University of Maryland Medical Center, 2011). Local factors such as tooth position or the use of partial dentures or orthodontic appliances can also affect the status of the periodontium by causing build-up and retention of plaque (Clerehugh, Tugnait, & Genco, 2009; Darby & Walsh 2010).

Prevention and Treatment

The most effective way to prevent and manage periodontal disease is through regular home care and professional maintenance. Daily flossing between the teeth and twice daily toothbrushing will help to control build-up of plaque. Regular care by a dental professional is also recommended. The First Nations and Inuit Health Branch provides dental care through the Non-Insured Health Benefits (NIHB) program. NIHB are available to all registered First Nations and Inuit in Canada. The dental benefits include regular exams and cleaning as well as, periodontal and other services (Health Canada, 2013). Despite the insurance coverage, 41% of Aboriginal people have not seen a dentist in the past year (Lawrence, 2010).

For More Information

- Canadian Dental Association
  www.cda-adc.ca/en/oral_health
- BC Dental Association
  www.bcdental.org/Dental_health
- BC Dental Hygienists’ Association
  www.bcdha.com/?page_id=23
- Health Canada – Dental Benefits – First Nations and Inuit Health

References


