Oral health promotion for school children

Hiroshi Ogawa



WHO Collaborating Centre for Translation of Oral Health Sciences Niigata University



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Oral Health

- Oral diseases affect children's ability to eat and chew, the food they choose, their appearance and the way they communicate.
- Pain from teeth and the mouth can compromise children's attention and their ability to work at school.







Dental caries and Fluoride

- Research has shown that fluoride is most effective in dental caries prevention when a low level of fluoride is constantly maintained in the oral cavity
- Fluorides can be obtained from fluoridated drinkingwater, salt, milk, mouthrinse or toothpaste, as well as from professionally applied fluorides; or from combinations of fluoridated toothpaste with either of the other fluoride sources

School-based Fluoride Mouth Rinse program





Nursery school, 4-5 yrs

Primary school, 6+ yrs

The method of S-FMR in Japan

- S-FMR has been practiced since the age of 4-5 years when the permanent teeth would start erupting
- S-FMR has been continued until graduating from junior high school when the permanent dentition would be completed
- Nursery/Preschool children train by rinsing solution with tap water for a month before start practicing S-FMR
- Fluoride concentration and amount of rinsing solution according to school and frequency a week of rinsing

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day nursery & preschool
5/week 0.05 % sodium fluoride (NaF) solution 7 ml
primary school & junior high school
1/week 0.2 % NaF solution 10 ml
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Eruption rate of 1st and 2nd molars according to Age

	Age	School	School grade	No. of children	No. of erupted teeth	Rate of eruption
First Molars	4	Nursery	Middle	75	1	0.3 %
	5	Nursery	Elder	111	83	18.7 %
	6	Primary	1 st	97	246	63.4 %

FMR shall be implemented aged <6 to have more effectiveness

Teeth have high susceptibility to dental caries for several years after eruption.



















1970 : Base line School-based FMR 1978 : Since 6 years of age 1987 : Since 4 years of age Mean DMFT 4 3 Reduce 74% for 1970 2 and 59% for 1978 1 DMFT in grade 6 in 1987 decreased less 0 than 1 **School grade** 3 5 6 4 2 1

> Mean DMFT (Caries experience) by school grade in 1970,1978,1987- Yahiko Primary School –

> > (Sakai et al. 1988)

Mean DMFT and mean MT of adult women according to experience of FMR in childhood

87 women : mean age of 31.6 years old



(Yoshihara et al. 2004)

Preschool children perform fluoride mouth rinsing <u>safely</u> and <u>efficiently?</u>

4 and 5 year-old Japanese children swallow solution while rinsing?

How much retained?



Table 1Amount of fluoride retained by age group

Group	ЪТ	Amount of fluoride retained	Percentage of	
(Mean age)	IN	Mean(SD)	dose	

Younger group (4yr.10mon.) 260 0.19mg (0.09) 12.0%

Older group (5yr.4mon.) 509 0.17mg (0.09) 10.7%

Amount of fluoride contained in one or two cups of tea (about 200 ml)

about 0.2 mg

Summary

- No child swallowed all the solution and the amount of fluoride retained in the mouth were within safe and recommended limits.
- The caries prevalence decreased dramatically comparing with that of students practicing S-FMR after entering primary school.
- The effectiveness obtained through S-FMR continued until the age of adult.
- The well administered and supervised S-FMR program can clearly have a place in oral care even for very young children when other forms of fluoride are not available.
- School based program under supervision of a teacher would increase success possibilities.

Thank you for your attention Salamat Xin cám ơn Terima kasih ขอบคุณ ครับ o:rkun 謝謝 고마웠습니다 ありがとうございました