EFFECTIVE PREVENTION OF ORAL CAVITY DISEASES

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ABSTRACT
Our mouth is the opening to the systems of body and has to face many constraints as various pathogens, pollutants invade in. along with infectious diseases it is also vulnerable for injuries in sports and accidents. Congenital deformities and most serious oral cancers affect the orofacial part of the body. According to WHO globally 60%-90% of school children and nearly 100% of adults have some or the other dental problems most commonly being the dental cavities. Many of the conditions are easily preventable by simple measures by people themselves by adopting healthy lifestyle and good oral habits. So the priority must be to prevent, decrease and eliminate oral health disparities in whole country.

KEYWORDS: Effective Prevention, community level, oral health.

INTRODUCTION
There is an old proverb ‘An ounce of prevention is worth a pound of dental diseases’. It holds the same saying that prevention is better than cure the diseases of oral cavity affect almost the whole population of all age and gender. Our mouth is the opening to the systems of body and has to face many constraints as various pathogens, pollutants invade in. along with infectious diseases it is also vulnerable for injuries in sports and accidents. Congenital deformities and most serious oral cancers affect the orofacial part of the body. Oral cavity is also directly and indirectly affected by many systemic diseases as diabetes, rheumatic diseases, AIDS etc.

According to WHO globally 60%-90% of school children and nearly 100% of adults have some or the other dental problems most commonly being the dental cavities. The prevalence of dental cavities vary from 52-80% in India. It is increasing in severity and prevalence which
is due to shift in dietary pattern towards more refined foods. 15-20% of middle aged (35-44yrs) have gum or periodontal disease. Its main cause is poor oral hygiene leading to plaque and gradually to tooth loss. Globally 30% of aged people (65-74yrs) have no natural tooth which is due to dental cavities and periodontal diseases and is easily preventable. In India 60% of cancer deaths is due to oral cancer. Its incidence varies from 50-70% of all cancers in India to only 2-3% in UK and USA. Also called as Indian cancer it mostly affects the low income groups and older people. Tobacco and alcohol being the its commonest cause. Mal aligned teeth and jaw affects nearly 30% of the children. Part of the population with AIDS, low income group, minorities and developmentally disabled have even greater extent of oral diseases

Many of the conditions are easily preventable by simple measures by people themselves by adopting healthy lifestyle and good oral habits. So the priority must be to prevent, decrease and eliminate oral health disparities in whole country. Yet progress has been made in prevention of oral diseases in the last few decades but still much more is to be done. Prevention can be done at individual level, professional level and community level. It would be effective only when prevention is carried out at every level and of each type i.e. Primary prevention, secondary prevention and tertiary prevention. It must be planned procedure that prevents the onset of a disease in any community.

Primary prevention is preventing a disease before it occurs and is the most effective way to improve health. Individually person should have a good diet, avoidance of tobacco and alcohol and adequate physical activity which prevent onset of non communicable diseases. Proper vaccination must be carried out e.g. hepatitis B, pappiloma virus. Appropriate use of fluoride in form of fluoride tablets and fluorinated water. Good oral hygiene. At professional level dentist should educate patient, advice plaque control, diet counseling and must do dental caries activity tests. As a community approach for primary prevention firstly population screening is to be done which must be simple and inexpensive. After screening, patient with any dental problem should be referred for early detection, diagnosis and treatment. Further community should be educated about dental health programmes and brushing, flossing like procedures should be practically shown. They must be taught about harms of tobacco and alcohol and advised to quit them.

Secondary prevention is treating or controlling the progress after it occurs. An individual can do self mouth examination (MSE).earliest visit to dental clinic must be preferred.
Professionally the dentist must do complete examination excluding other systemic diseases which could lead to lesion in oral cavity. Prompt treatment of incipient lesions, preventive resin restorations, simple restorative dentistry and pulp capping can be done to prevent further decay of tooth. At community level provision of dental services periodic screening and referral to higher centers if required will be beneficial.

Tertiary prevention is limiting a disability due to disease and rehabilitation an individual with disability. As providing dentures for those who have lost their tooth. Individually person can opt for best dental services at soon as possible. The referral dentist can do complex restorative dentistry, pulpotomy, root canal treatment or extractions. Removable or fixed dentures can be provided. At community level provision of higher dental facilities will be helpful. It can be provided by NGOs, government hospitals or other civil bodies.

Keeping treatment as main objective and neglecting the prevention aspect is a poor strategy. This system imposes heavy financial burdens on patients leading to their physical and mental agony and in some cases to disability. Furthermore it detracts them from proper and effective prevention. For effective prevention of oral care some points has to be followed. Accessible and less expensive diagnostic, therapeutic and palliative care should be made available.

Tobacco control has to be strengthened by comprehensive tobacco control programme, specially teenage children has to be sustained. Early detection of cases specifically carcinoma cases and essential list of drugs must be available.

Proper surveillance and monitoring of the community both urban and rural population. Community participation has to be encouraged.

Government health programmes have to be promoted.

All oral care facilities must be available minimally at district level in whole country.

Concept of prevention has to be formulated and kept into practice to counter diseases. Even with limited resources, high-quality results could be achieved, if right priorities and method are established and implemented in society.
REFERENCES