



Children's Dental Health in England 2003

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Notes on the tables and text

Proportionately larger samples were selected in Wales and Northern Ireland than in England to provide estimates for these three countries within the UK. The data needed to be reweighted in order to produce representative figures for the UK as a whole. Weighted bases are provided for UK estimates and unweighted sample sizes are provided for individual country comparisons.

There was no oversampling in Scotland relative to England as a separate analysis for Scotland was not required by the Scottish Executive.

Differences cited in the text are statistically significant ($p < 0.05$) unless otherwise stated.

A dash in a table indicates a zero value, while an asterisk indicates a proportion of less than 0.5 per cent or a mean of less than 0.05.

Figures presented in parentheses [] indicate a low base number of respondents and results are indicative only.

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Introduction

The 2003 Children's Dental Health Survey, commissioned by the four United Kingdom Health Departments, is the fourth in a series of national children's dental health surveys that have been carried out every 10 years since 1973 in England and Wales and in the whole of the UK since 1983.

The survey provides information on the dental health of children in the United Kingdom, measures changes in oral health since the last survey in 1993 and provides information on children's experiences of dental care and treatment and their oral hygiene.

Overview of survey design

The 2003 survey was based upon a representative sample of children aged five, eight, 12 and 15 years of age attending government maintained and independent schools in the UK. As in the three earlier surveys, dental examiners were recruited to carry out examinations on the sampled children in participating schools.

Schools were sampled by obtaining lists of maintained and independent schools from the relevant education departments. Sampled schools were asked to participate in the survey and those that agreed forwarded lists of children in the eligible age groups at their school to ONS. These lists were used to randomly select an appropriate number of children for each school. A total of 12698 children were sampled within participating schools and asked to take part in a dental examination at school.

Dental examinations were carried out in schools between October and December 2003. In total 10381 children were examined, a response rate of 82 per cent. Background data on children's oral hygiene and dental care were requested by questionnaire from the parents of a random sub-sample of 5480 examined children. In total, 3342 questionnaires were returned, a response rate of 61 per cent.

In England, 7009 children were sampled within participating schools and 5639 of these children were examined, a response rate of 80 per cent. Questionnaires were sent to a random sub-sample of 2926 parents and 1914 questionnaires were returned, a response rate of 65 per cent.

Complete details of the survey methodology can be found in the Children's Dental Health in the United Kingdom 2003 Technical Report available at

<http://www.statistics.gov.uk/children/dentalhealth>

This report highlights findings for the dental health five, eight, 12 and 15-year-olds in England in 2003. Where appropriate comparisons are made with the dental health of children in Wales and Northern Ireland.

Proportionately larger samples were selected in Wales and Northern Ireland than in England to provide estimates for these three countries within the UK. There was no oversampling in Scotland relative to England as a separate analysis for Scotland was not required by the Scottish Executive.

1 Obvious decay experience

A major part of the survey dental examination was an assessment of the obvious decay experience of children's teeth. Obvious decay experience is the sum of teeth which, at the time of the examination, had decay into dentine (including teeth that were filled in the past but which needed further treatment), filled teeth, or teeth that were missing due to decay. However, in primary teeth an assessment of teeth missing due to decay is complicated by the natural exfoliation of the teeth, making it difficult to determine whether a tooth was lost due to dental decay or whether it exfoliated naturally. Therefore, as in previous surveys, dental examiners were not asked to assess the reason for the absence of primary teeth.

In the 2003 survey the criteria for assessing dental caries were changed from those used in the earlier surveys to reflect changes in the presentation of dentine decay. In order to compare the data on the condition of teeth in 2003 with those from 1983 and 1993, the 2003 data were re-classified according to the pre-2003 criteria. Where this report refers to trends in decay over time the conditions of children's teeth are assessed according to the pre-2003 criteria ($d_{3c}mft/D_{3c}MFT$, d_{3c}/D_{3c}). Results reporting the overall condition of children's teeth in 2003 use the revised 2003 criteria, which include visual dentine caries ($d_{3cv}mft/D_{3cv}MFT$, d_{3cv}/D_{3cv}). In all cases clinical caries in enamel was excluded. Full details of the 2003 and pre-2003 criteria can be found in the report covering Obvious Decay Experience available at

<http://www.statistics.gov.uk/children/dentalhealth>

Trends in the condition of the primary ('milk') teeth

In 2003, less than half of five-year-olds (41 per cent) had obvious decay experience ($d_{3c}mft$) in the primary teeth. Thirty eight per cent of five-year-olds had at least one primary tooth with decay into dentine (d_{3c}) and 11 per cent had at least one filled primary tooth. Among eight-year-olds, 54 per cent had obvious decay experience ($d_{3c}mft$) in the primary teeth. Less than half of eight-year-olds (47 per cent) had a least one primary tooth with decay into dentine (d_{3c}) and under a quarter (24 per cent) had a least one filled primary tooth.

Table 1.1

There were no statistically significant changes between the 1993 and 2003 surveys in the proportion of five and eight-year-olds with obvious decay experience ($d_{3c}mft$) or teeth with decay into dentine (d_{3c}) in the primary teeth. There were decreases in the proportion of eight-year-olds with filled primary teeth from 46 per cent in 1983, to 32 per cent in 1993 and to 24 per cent in 2003.

Table 1.1

Table 1.1 Proportion of children with obvious decay experience ($d_{3c}mft$) in primary teeth by age (England 1983, 1993, 2003)

Tooth condition	Age	
	5	8
	<i>Percentage of children:</i>	
Decay into dentine		
1983	37	46
1993	38	47
2003 ⁺	38	47
Filled (otherwise sound)		
1983	22	46
1993	14	32
2003 ⁺	11	24
Obvious decay experience		
1983	47	67
1993	43	59
2003 ⁺	41	54

+ Criteria used for 1993 survey ($d_{3c}mft$ does not include visual caries)

Among both five and eight-year-olds there were no statistically significant changes between surveys in the average number of primary teeth with obvious decay experience ($d_{3c}mft$) or decay into dentine (d_{3e}). There was a decrease in the average number of filled primary teeth among eight-year-olds, from 1.2 teeth in 1983 to 0.7 teeth in 1993 and 0.4 teeth in 2003.

Table 1.2

Table 1.2 Mean number of primary teeth with obvious decay experience ($d_{3cv}mft$) by age (United Kingdom, 1983, 1993, 2003)

Tooth condition	Age	
	5	8
	<i>Percentage of children:</i>	
Decay into dentine		
1983	1.1	1.0
1993	1.3	1.2
2003 ⁺	1.3	1.3
Filled (otherwise sound)		
1983	0.5	1.2
1993	0.3	0.7
2003 ⁺	0.2	0.4
Obvious decay experience		
1983	1.6	2.2
1993	1.6	1.8
2003 ⁺	1.5	1.9

+ Criteria used for 1993 survey ($d_{3c}mft$ does not include visual caries)

The condition of primary teeth in England 2003

In the primary dentition, use of the contemporary 2003 criteria for obvious decay experience ($d_{3cv}mft$) and decay into dentine (d_{3cv}) had little impact on estimates of the proportion of children, or the mean number of teeth, affected by decay. For the United Kingdom, over 4 out of 10 children showed signs of obvious decay experience ($d_{3cv}mft$) by the age of 5 years, while over half (57 per cent) of eight-year-olds had obvious decay experience ($d_{3cv}mft$). There were differences in the proportion of children in England affected by decay in the primary teeth compared with Wales and Northern Ireland. In both five and eight-year-olds, a lower proportion of children were affected by obvious decay experience ($d_{3cv}mft$), decay into dentine (d_{3cv}) or fillings in the primary teeth in England than in Wales and Northern Ireland. For example, 41 per cent of five-year-olds in England had obvious decay experience ($d_{3cv}mft$) in the primary teeth, compared with 52 per cent in Wales and 61 per cent in Northern Ireland, while 54 per cent of eight-year-olds in England had obvious decay experience ($d_{3cv}mft$) in the primary teeth, compared with 71 per cent in Wales and 76 per cent in Northern Ireland. The proportion of the total obvious decay experience ($D_{3c}MFT$) represented by filled primary teeth was identical in England and Northern Ireland (13 per cent), while the proportion in Wales (17 per cent) did not differ significantly from England or Northern Ireland.

Table 1.3

Table 1.3 Proportion of children with obvious decay experience ($d_{3cv}mft$) in primary teeth by country and age (United Kingdom, 2003)

	Country			
	England	Wales	Northern Ireland	United Kingdom
	<i>Percentage of children</i>			
Decay into dentine				
5 year olds	38	48	57	40
8 year olds	48	64	70	51
Filled (otherwise sound)				
5 year olds	10	15	19	11
8 year olds	22	32	34	24
Obvious decay experience				
5 year olds	41	52	61	43
8 year olds	54	71	76	57
Filled teeth as a percentage of obvious decay experience*				
5 year olds	13	17	13	13
8 year olds	24	25	24	25
Unweighted sample size				
5 year olds	1620	582	456	2538
8 year olds	1547	573	462	2599

! Weighted bases presented for the UK.

* Total number of filled teeth divided by total number of teeth with obvious decay experience

A similar pattern was observed in the average number of primary teeth affected by decay in England, Wales and Northern Ireland. The average number of primary teeth with obvious

decay experience ($d_{3cv}mft$), decay into dentine (d_{3cv}) or fillings was lower in England than in Wales and Northern Ireland among both five and eight-year-old children. For example, five-year-old children in England had an average of 1.5 primary teeth with obvious decay experience ($d_{3cv}mft$), compared with an average of 1.9 teeth in Wales and 2.5 teeth in Northern Ireland, while eight-year-old children in England had an average of 1.7 primary teeth with obvious decay experience ($d_{3cv}mft$), compared with an average of 2.5 teeth in Wales and 2.8 teeth in Northern Ireland.

Table 1.4

Table 1.4 Mean number of primary teeth with obvious decay experience ($d_{3cv}mft$) by country and age (United Kingdom, 2003)

	Country			
	England	Wales	Northern Ireland	United Kingdom
	<i>Mean number of teeth:</i>			
Decay into dentine				
5 year olds	1.3	1.6	2.2	1.4
8 year olds	1.3	1.8	2.1	1.4
Filled (otherwise sound)				
5 year olds	0.2	0.3	0.3	0.2
8 year olds	0.4	0.6	0.7	0.4
Obvious decay experience				
5 year olds	1.5	1.9	2.5	1.6
8 year olds	1.7	2.5	2.8	1.8

Regional differences in primary decay experience in England

Tables 1.5 and 1.6 show the proportion of children, and the mean number of primary teeth, with obvious decay experience ($d_{3cv}mft$) for government office regions of England. Among five-year-olds, the proportion of children with obvious decay experience ($d_{3cv}mft$) was significantly higher in London (51 per cent) and the South West (50 per cent) than in the East of England (33 per cent), the East Midlands (38 per cent), the West Midlands (38 per cent) and the South East (30 per cent). A higher average number of primary teeth with obvious decay experience ($d_{3cv}mft$) in five-year-olds was found in London (2.2) and the South West (2.1) compared with all other regions.¹

Tables 1.5 and 1.6

Table 1.5 Proportion of children with obvious decay experience ($d_{3cv}mft$) in primary teeth by region and age (England, 2003)

Age	Region								
	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire & The Humber
	<i>Percentage of children:</i>								
5 year olds	38	33	51	43	46	30	50	38	52
8 year olds	49	42	66	53	66	37	62	58	70
	<i>Weighted base</i>								
5 year olds	200	248	267	136	276	382	130	308	188
8 year olds	177	283	232	157	325	376	165	322	147

¹ Relatively large standard errors were associated with estimates for five-year-olds in Yorkshire and The Humber. Hence there were no statistically significant differences between this region and any others.

For eight-year-olds London, the North West, the South West and Yorkshire and The Humber differed from other regions, with a higher proportion of children with obvious decay experience ($d_{3cv,mft}$): 66 per cent in London, 66 per cent in the North West, 62 per cent in the South West and 70 per cent in Yorkshire and The Humber. A higher average number of primary teeth with obvious decay experience ($d_{3cv,mft}$) in eight-year-olds was found in London (2.2), the North West (2.1), the South West (2.1) and Yorkshire and The Humber (2.4) compared with other regions.

Tables 1.5 and 1.6

Table 1.6 Mean number of primary teeth with obvious decay experience ($d_{3cv,mft}$) by region and age (England, 2003)

Age	Region								
	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire & The Humber
	<i>Mean number of teeth:</i>								
5 year olds	1.2	1.0	2.2	1.5	1.7	1.0	2.1	1.3	2.1
8 year olds	1.3	1.3	2.2	1.7	2.1	1.1	2.1	1.6	2.4

Trends in the condition of permanent teeth

Using comparable criteria to the 1993 survey, among eight-year-olds in 2003, 12 per cent had obvious decay experience ($D_{3c}MFT$) in the permanent dentition, 6 per cent had decay into dentine (D_{3c}) and filled teeth, while 1 per cent had at least one tooth missing due to decay. In 12-year-olds, 31 per cent had obvious decay experience ($D_{3c}MFT$) in the permanent dentition, 12 per cent had decay into dentine (D_{3c}), 22 per cent had at least one filled tooth and 2 per cent had at least one tooth missing due to decay. Forty six per cent of 15-year-olds had obvious decay experience ($D_{3c}MFT$) in the permanent dentition, 12 per cent had decay into dentine (D_{3c}), 39 per cent had at least one filled tooth and 5 per cent had at least one tooth missing due to decay.

Table 1.7

The proportion of children with obvious decay experience ($D_{3c}MFT$) in the permanent teeth and the proportion with at least one permanent tooth with decay into dentine (D_{3c}) decreased in all age groups since the previous surveys. The decrease was particularly pronounced in the proportion of 12-year-olds with obvious decay experience ($D_{3c}MFT$) in the permanent teeth 79 per cent in 1983, 50 per cent in 1993 and 31 per cent in 2003. In all age groups, the rate of change in obvious decay experience ($D_{3c}MFT$) was more pronounced between 1983 and 1993 than between 1993 and 2003.

Table 1.7

Table 1.7 Proportion of children with obvious decay experience in permanent teeth by age (England, 1983, 1993, 2003)

	Age		
	8	12	15
	<i>Percentage of children</i>		
Decay into dentine			
1983	17	30	40
1993	11	22	27
2003 ⁺	6	12	12
Filled (otherwise sound)			
1983	22	68	85
1993	7	37	48
2003 ⁺	6	22	39
Missing due to decay			
1983	2	12	21
1993	1	6	5
2003	1	2	5
Obvious decay experience			
1983	35	79	92
1993	17	50	60
2003 ⁺	12	31	46

+ Criteria used for 1993 survey (d3cmft does not include visual caries)

The proportion of 12 and 15-year-olds with filled permanent teeth decreased since the last survey. The proportion fell by 15 percentage points in 12-year-olds, from 37 per cent in 1993 to 22 per cent in 2003 and by nine percentage points in 15-year-olds, from 48 per cent in 1993 to 39 per cent in 2003. There was also a decrease in the proportion of 12-year-olds with permanent teeth missing due to decay, from 6 per cent in 1993 to 2 per cent in 2003.

Table 1.7

Between the 1993 and 2003 survey the average number of permanent teeth with decay into dentine (D_{3c}) halved in 12-year-olds (to 0.2) and more than halved in 15-year-olds (from 0.6 to 0.2). The average number of permanent teeth with obvious decay experience ($D_{3c}MFT$) fell from 0.3 teeth in 1993 to 0.2 teeth in 2003 in eight-year-olds, from 1.3 teeth in 1993 to 0.7 teeth in 2003 in 12-year-olds and from 2.1 to 1.3 teeth in 15-year-olds. Among 12 and 15-year-olds the average number of filled permanent teeth decreased since 1993: from 0.7 teeth in 1993 to 0.4 teeth in 2003 in 12-year-olds and from 1.4 teeth in 1993 to 1.0 teeth in 2003 in 15-year-olds.

Table 1.8

Table 1.8 Mean number of permanent teeth with obvious decay experience by age (United Kingdom, 1983, 1993, 2003)

	Age		
	8	12	15
	<i>Percentage of children:</i>		
Decay into dentine			
1983	0.3	0.6	0.9
1993	0.2	0.4	0.6
2003 ⁺	0.1	0.2	0.2
Filled (otherwise sound)			
1983	0.4	2.0	4.2
1993	0.1	0.7	1.4
2003 ⁺	0.1	0.4	1.0
Missing due to decay			
1983	*	0.3	0.5
1993	*	0.1	0.1
2003	*	*	0.1
Obvious decay experience			
1983	0.7	2.9	5.6
1993	0.3	1.2	2.1
2003 ⁺	0.2	0.7	1.3

+ Criteria used for 1993 survey (d3cmft does not include visual caries)

The condition of permanent teeth in England 2003

Use of the contemporary 2003 criteria for obvious decay experience ($D_{3cv}MFT$) and decay into dentine (D_{3cv}) increased the prevalence of decay detected among all age groups. When visual criteria were included in the assessment, the proportion of children with obvious decay experience increased from 12 per cent to 17 per cent for eight-year-olds, from 31 per cent to 41 per cent for 12-year-olds and from 46 per cent to 55 per cent for 15-year-olds. Proportions for decay into dentine increased from 6 per cent to 13 per cent in eight-year-olds, from 12 per cent to 28 per cent in 12-year-olds and from 12 per cent to 31 per cent in 15-year-olds.

Table 1.9

Table 1.9 Proportion of children with obvious decay experience measured by pre- 2003 ($D_{3c}MFT$) and 2003 ($D_{3cv}MFT$) criteria by age (England, 2003)

	Pre-2003 ($d_{3c}MFT$)	2003 ($d_{3cv}MFT$)
	<i>Percentage of children:</i>	
Decay into dentine		
8 year olds	6	13
12 year olds	12	28
15 year olds	12	31
Obvious decay experience		
8 year olds	12	17
12 year olds	31	41
15 year olds	46	55

Estimates of the average number of teeth affected by decay also increased using the revised 2003 criteria. When using the revised criteria, the average number of teeth with obvious decay experience increased from 0.2 to 0.3 in eight-year-olds, from 0.7 to 1.0 in 12-year-olds and from 1.3 to 1.8 in 15-year-olds. The average number of teeth with decay into dentine doubled (to 0.2) in eight-year-olds, increased from 0.2 to 0.5 in 12-year-olds and increased from 0.2 to 0.7 in 15-year-olds.

Table 1.10

Table 1.10 Mean number of teeth with obvious decay experience measured by pre- 2003 ($D_{3c}MFT$) and 2003 ($D_{3cv}MFT$) criteria by age (England, 2003)

	Pre-2003 ($d_{3c}MFT$)	2003 ($d_{3cv}MFT$)
<i>Percentage of children:</i>		
Decay into dentine		
8 year olds	0.1	0.2
12 year olds	0.2	0.5
15 year olds	0.2	0.7
Obvious decay experience		
8 year olds	0.2	0.3
12 year olds	0.7	1.0
15 year olds	1.3	1.8

There were differences in the proportion of children in England affected by decay in the permanent teeth compared with Wales and Northern Ireland. In all age groups, a lower proportion of children were affected by obvious decay experience ($D_{3cv}MFT$), decay into dentine (D_{3cv}) or fillings in the permanent teeth in England than in Northern Ireland. For example, 55 per cent of 15-year-olds in England had obvious decay experience ($D_{3cv}MFT$) in the permanent teeth, compared with 78 per cent in Northern Ireland. The proportion of eight, 12 and 15-year-olds with obvious decay experience ($D_{3cv}MFT$) was lower in England than in Wales: 17 per cent for eight-year-olds in England compared with 26 per cent in Wales, 41 per cent for 12-year olds in England compared with 54 per cent in Wales, 55 per cent of 15-year-olds in England compared with 65 per cent in Wales.

Table 1.11

In all age groups, the proportion of children with filled permanent teeth was lower in England than in Wales or Northern Ireland, while the proportion with filled permanent teeth in Wales was lower than in Northern Ireland. A similar pattern was observed among 12 and 15-year-olds for the proportion with at least one permanent tooth missing due to decay. The proportion of total obvious decay experience represented by filled teeth was lower in England compared with Northern Ireland in all age groups and was lower in England than Wales among 15-year-olds.

Table 1.11

Table 1.11 Proportion of children with obvious decay experience (D_{3cv}MFT) in permanent teeth by country and age (United Kingdom, 2003)

	Country			
	England	Wales	Northern Ireland	United Kingdom
	<i>Percentage of children</i>			
Decay into dentine				
8 year olds	13	18	25	14
12 year olds	28	35	44	29
15 year olds	31	35	46	32
Filled (otherwise sound)				
8 year olds	6	10	15	7
12 year olds	22	32	54	25
15 year olds	38	51	66	41
Missing due to decay				
8 year olds	1	1	1	1
12 year olds	2	4	14	3
15 year olds	5	9	17	6
Obvious decay experience				
8 year olds	17	26	34	19
12 year olds	41	54	73	43
15 year olds	55	65	78	57
Filled teeth as a percentage of obvious decay experience *				
8 year olds	28	31	37	30
12 year olds	44	46	51	46
15 year olds	54	62	64	57
Unweighted sample size				
8 year olds	1547	573	472	2599 [!]
12 year olds	1356	559	462	2689 [!]
15 year olds	1116	482	380	2556 [!]

[!] Weighted based presented for UK

* Total number of filled teeth divided by total number of teeth with obvious decay experience

Differences between countries were also evident in the average number of teeth affected by decay. In all age groups, the average number of permanent teeth with obvious decay experience (D_{3cv}MFT) was lowest in England, followed by Wales and highest in Northern Ireland. For example, the average number of permanent teeth with obvious decay experience (D_{3cv}MFT) for 15-year-olds was 1.8 in England, compared with 2.5 in Wales and 4.4 in Northern Ireland. This pattern was also found among eight-year-olds for the average number of permanent teeth with decay into dentine (D_{3cv}). In 12 and 15-year-olds the average number of permanent teeth with decay into dentine (D_{3cv}) was higher in Northern Ireland than in England, but there were no statistically significant differences between England and Wales. Among 12 and 15-year-olds, the average number of filled permanent teeth was lower in England than in Wales or Northern Ireland.

Table 1.12

Table 1.12 Mean number of permanent teeth with obvious decay experience (D3cvMFT) by country and age (United Kingdom, 2003)

	Country			
	England	Wales	Northern Ireland	United Kingdom
	<i>Percentage of children</i>			
Decay into dentine				
8 year olds	13	18	25	14
12 year olds	28	35	44	29
15 year olds	31	35	46	32
Filled (otherwise sound)				
8 year olds	6	10	15	7
12 year olds	22	32	54	25
15 year olds	38	51	66	41
Missing due to decay				
8 year olds	1	1	1	1
12 year olds	2	4	14	3
15 year olds	5	9	17	6
Obvious decay experience				
8 year olds	17	26	34	19
12 year olds	41	54	73	43
15 year olds	55	65	78	57

Regional differences in permanent decay experience in England

Tables 1.11 and 1.12 show the condition of the permanent teeth among children within the government office regions of England. Among eight-year-olds, the North West and Yorkshire and The Humber differed from all other regions, having a higher proportion of children with obvious decay experience (D_{3cv}MFT): 27 per cent in both regions. The East of England had a lower proportion (9 per cent) of eight-year-olds with obvious decay experience (D_{3cv}MFT) than any other region. In 12-year-olds the highest proportion of children with obvious decay experience (D_{3cv}MFT) was found in Yorkshire and The Humber (59 per cent), while the East of England had the lowest proportion (25 per cent). A higher proportion of 15-year-olds had obvious decay experience (D_{3cv}MFT) in the East Midlands (64 per cent), the North West (73 per cent) and Yorkshire and The Humber (63 per cent) than in the East of England (42 per cent).

Table 1.13

Table 1.13 Proportion of children with obvious decay experience (D3cvMFT) in permanent teeth by region and age (England, 2003)

Age	Region								
	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire & The Humber
	<i>Percentage of children:</i>								
8 year olds	15	9	15	18	27	15	17	17	27
12 year olds	43	25	44	43	43	41	43	39	59
15 year olds	64	42	50	59	73	52	52	53	63
<i>Weighted base</i>									
8 year olds	177	283	232	157	325	376	165	322	147
12 year olds	235	269	262	118	264	423	186	379	115
15 year olds	232	290	242	109	182	421	180	373	112

Among eight and 12-year-olds there was a higher average number of permanent teeth with obvious decay experience ($D_{3cv}MFT$) in Yorkshire and The Humber (0.6 in eight-year-olds and 1.5 in 12-year-olds) compared with all other regions except the North West. In 15-year-olds, the highest average number of permanent teeth with obvious decay experience ($D_{3cv}MFT$) were observed in the North West (2.9) and Yorkshire and The Humber (2.8).

Table 1.14

Table 1.14 Mean number of permanent teeth with obvious decay experience ($D_{3cv}MFT$) by region and age (England, 2003)

Age	Region								
	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire & The Humber
	<i>Mean number of teeth:</i>								
8	0.2	0.1	0.3	0.3	0.5	0.2	0.3	0.3	0.6
12	0.9	0.5	1.1	1	1.2	1.0	0.9	0.9	1.5
15	2.0	1.2	1.4	1.9	2.9	1.6	1.5	1.9	2.8

Prevalence of Sealants

Sealants are applied to the surfaces of some teeth to arrest or prevent decay. Among all age groups, the proportion of children with sealed permanent teeth was lower in England than in Wales or Northern Ireland. For eight, 12 and 15-year-olds the trends in sealant provision indicate that there was an increase between 1983 and 1993, but that sealant use has declined over the last decade. This trend is clear in England for all age groups, in Wales and Northern Ireland where decay levels are higher, sealant use in 15-year-olds has not declined over the last 10 years.

Table 1.15

Table 1.15 Proportion of children with sealants on permanent teeth by age and country (United Kingdom, 2003)

Age	England			Wales			Northern Ireland			United Kingdom		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children:</i>											
8 year olds	5	24	11	9	32	18	3	49	32	6	27	13
12 year olds	3	35	22	4	35	25	1	57	40	4	38	25
15 year olds	2	34	28	2	31	31	-	47	50	2	36	30

2 Non-carious dental conditions

The 2003 survey examined three main types of non-carious dental conditions:

- Tooth Surface Loss of the primary and permanent upper incisors and occlusal surfaces of first permanent molars.

Tooth Surface Loss (TSL) is pathological non-carious loss of tooth tissues resulting from: chemical action not involving bacteria (erosion); or wear due to tooth-to-tooth contact during mastication or grinding of teeth (attrition); or physical wear caused by factors other than tooth-to-tooth contact, for example toothbrushing (abrasion).

- Enamel opacities among 12-year-olds

Alterations to the structure of enamel during its formation produces changes in its appearance which can be observed clinically. The aetiology of these changes is variable and includes trauma, infections and nutritional disturbances, including the ingestion of too much fluoride. The appearance of the tooth varies widely from discrete white or yellow patches (demarcated opacity) to more extensive coverage with fine white lines barely visible to the naked eye (diffuse opacity). More rarely, pitting of the tooth surface occurs (hypoplasia). The defects may appear alone or in combination. Where the opacities are considered unsightly, treatment may be required to improve the appearance of teeth.

- Accidental damage to permanent incisors

Evidence of accidental damage to permanent incisors and treatment undertaken to repair the damage was also assessed among eight, 12 and 15-year-olds.

Tooth surface loss of primary upper incisors

The proportion of 5-year-olds with evidence of TSL on one or more of the buccal surfaces of the primary upper incisors was 17 per cent, and 2 per cent had TSL involving dentine or pulp. TSL of the lingual surface was more common, affecting just under half (46 per cent) of 5 year olds. TSL progressing to dentine or pulp was present on 20 per cent of lingual incisal surfaces.

Table 2.1

Table 2.1 Proportion of 5 year old children with tooth surface loss (TSL) on the surfaces of the primary incisors (England, 2003)

	Any TSL	Into dentine or pulp
<i>Percentage of children with TSL on:</i>		
Incisors		
<i>Buccal surfaces</i>	17	2
<i>Lingual surfaces</i>	46	20

Table 2.2 details the TSL on each of the incisors on the left side of the mouth (figures were identical for the right side which is therefore not shown). The proportion of children with any TSL was greater on the central incisor (upper left a) than on the lateral incisor (upper

left b) for buccal surfaces, but this was reversed for lingual surfaces. TSL into dentine or pulp was greater on the lingual surfaces of the central incisor than the lateral incisor (20 per cent as compared to 12 per cent for the same surface of the lateral incisor), while similar levels of TSL into dentine or pulp were observed on buccal surfaces of each incisor.

Table 2.2

Table 2.2 Tooth surface loss (TSL) on primary teeth in the left side of the mouth in children aged 5 (England, 2003)

	Any TSL	into dentine or pulp
<i>Percentage of children:</i>		
Buccal surfaces		
Upper left a	17	2
Upper left b	13	1
Lingual surfaces		
Upper left a	50	20
Upper left b	59	12

When a primary incisor was affected by TSL usually two thirds or more of the surface was affected.

Table 2.3

Table 2.3 Area covered by tooth surface loss (TSL) on lingual surface of primary upper left incisors in children aged 5 (England, 2003)

	per cent
Upper left central	
Less than a third	15
A third, but less than two thirds	16
Two thirds or more	68
Base (100 per cent of children with TSL)	786
Upper left lateral	
Less than a third	19
A third, but less than two thirds	12
Two thirds or more	69
Base (100 per cent of children with TSL)	696

Tooth surface loss of permanent upper incisors and first permanent molars

TSL of permanent incisors was both less common and less severe than that of primary incisors. Among eight-year-olds, 4 per cent of incisors had some TSL on the buccal surfaces and among 15-year-olds this increased to 14 per cent.

Table 2.4

Table 2.4 Proportion of children aged 8, 12 and 15 with tooth surface loss on the surfaces of the permanent incisors and first permanent molars (England, 2003)

	Age					
	8		12		15	
	Any TSL	Into dentine or pulp	Any TSL	Into dentine or pulp	Any TSL	Into dentine or pulp
	<i>Percentage of children:</i>					
Incisors						
<i>Buccal surfaces</i>	4	*	13	*	15	*
<i>Lingual surfaces</i>	15	*	30	3	34	5
Molars	11	*	21	2	24	4

TSL was more common on the lingual surfaces of the incisors. The proportion of children with TSL of the lingual surfaces increased at each examined age group with 15 per cent of 8 year old and 34 per cent of 15-year-olds affected. Only a small proportion of TSL of the incisors was into dentine or pulp; 3 per cent among 12-year-olds and 5 per cent among 15-year-olds. The proportion of first permanent molars with TSL on the occlusal surface rose at each age group with 11 per cent, 21 per cent and 24 per cent affected at age 8, 12 and 15 years respectively. There was little TSL into dentine or pulp on the molars with only 2 per cent of 12-year-olds and 4 per cent of 15-year-olds affected.

Table 2.4

Table 2.5 shows the TSL on each of the two incisors on the left side of the mouth. Both the central (upper left 1) and lateral (upper left 2) incisors show similar levels of TSL within each age group. Among 15-year-olds, 28 per cent had TSL affecting the lingual surface of upper left central. There is an age-related increase in the proportion of children with TSL in the first permanent molar teeth for both the upper and lower left molars. Among both 12 and 15-year-olds the lower molar is slightly more affected than the upper molar. The proportion of affected lower left first permanent molars rose from 6 per cent in 8-year-olds to 20 per cent in 15-year-olds.

Table 2.5

Table 2.5 Tooth surface loss (TSL) on individual permanent incisors and first permanent molars on the left side of the mouth in children aged 8, 12 and 15 (England, 2003)

	Age					
	8		12		15	
	Any TSL	Into dentine or pulp	Any TSL	Into dentine or pulp	Any TSL	Into dentine or pulp
	<i>Percentage of children:</i>					
Incisors						
<i>Buccal surfaces</i>						
Upper left 1	3	-	11	-	13	*
Upper left 2	3	-	9	*	10	*
<i>Lingual surfaces</i>						
Upper left 1	13	*	26	2	28	3
Upper left 2	9	*	24	2	27	3
Molars						
Upper left 6	7	-	15	*	16	1
Lower left 6	6	*	17	2	20	4

As with primary incisors, among 12 and 15-year-olds the majority of affected permanent incisors on the left side of the mouth, had tooth surface loss affecting two-thirds or more of the tooth surface. However, amongst 8-year-olds, both the central and lateral incisors, when affected by TSL, were more likely to have less than a third of their lingual surfaces affected. For both upper and lower left permanent molars, on the majority of affected teeth the area covered by TSL was less than one third of the occlusal surface for all ages.

Table 2.6

Table 2.6 Area covered by tooth surface loss on the lingual surfaces of the permanent incisors and occlusal surfaces of the first permanent molars on the left side of the mouth in children aged 8, 12 and 15 (England, 2003)

	Age		
	8	12	15
	Percentage of children		
Incisors			
Upper left central			
Less than a third	47	21	32
A third, but less than two thirds	17	24	20
Two thirds or more	36	55	47
Base (100 per cent of children with TSL)	221	383	327
Upper left lateral			
Less than a third	45	28	34
A third, but less than two thirds	30	26	20
Two thirds or more	25	45	46
Base (100 per cent of children with TSL)	117	343	312
Molars			
<i>Upper left 6</i>			
Less than a third	88	81	72
A third, but less than two thirds	8	15	22
Two thirds or more	4	4	6
Base (100 per cent of children with TSL)	118	207	184
<i>Lower left 6</i>			
Less than a third	82	73	63
A third, but less than two thirds	10	19	23
Two thirds or more	8	8	15
Base (100 per cent of children with TSL)	117	232	228

Enamel opacities in 12-year-olds

Compared with the 1993 survey there was little change in the proportion of 12-year-olds in England presenting with enamel defects. In England in 2003 just over one third (35 per cent) of the examined teeth had one or more enamel opacity, a similar proportion to that observed for the United Kingdom (34 per cent) and Northern Ireland (33 per cent) but higher than in Wales (29 per cent).

Table 2.7

The defects presenting most often were demarcated and diffuse opacities: 18 per cent of 12-year-olds had these on one or more teeth. In three per cent of 12-year-olds, one or more tooth exhibited both demarcated and diffuse opacities. Hypoplasia affected few 12-year-olds with two per cent having hypoplasia alone and one per cent hypoplasia in combination with diffuse opacities. Children in Northern Ireland were more likely to have demarcated opacities (24 per cent), compared with England (18 per cent). Diffuse opacities were more prevalent among English 12-year-olds (18 per cent) than they were in Wales (9 per cent) or Northern Ireland (11 per cent).

Table 2.7

Table 2.7 Proportion of 12 year olds with enamel opacities and other defects of the tooth enamel (United Kingdom, 1993, 2003, upper incisors and premolars)

	Country		Wales		Northern Ireland		United Kingdom	
	England		1993	2003	1993	2003	1993	2003
	1993	2003	1993	2003	1993	2003	1993	2003
	<i>Percentage of children:</i>							
Demarcated opacity	19	18	15	20	20	24	20	17
Diffuse opacity	20	18	15	9	7	11	19	16
Demarcated and diffuse opacity	3	3	2	2	4	2	3	3
Hypoplasia	1	2	1	1	1	2	1	2
Demarcated opacity and hypoplasia	1	*	1	*	-	1	1	*
Diffuse opacity and hypoplasia	1	1	-	*	-	1	1	1
All three defects	-	*	-	*	-	-	-	*
Other defects	-	-	-	-	-	-	-	-
Any of the above defects	36	35	27	29	27	33	36	34

Symmetry of diffuse defects

The symmetry of diffuse defects was measured for the first time in 2003. Among examined 12-year-olds with diffuse defects in the United Kingdom almost two thirds (65 per cent) are symmetrical. The proportion of symmetrical defects was highest in England, at 66 per cent, with Wales and Northern Ireland having lower levels of 48 per cent and 46 per cent respectively. However, it must be noted that the few of the symmetrical diffuse defects were classed as severe, as assessed by reference to a standard impact photograph regarded as the level at which diffuse defects cause aesthetic concern. In England, on the teeth examined which had symmetrical diffuse defects, only 11 per cent were found to have a defect more severe than the impact photograph.

Tables 2.8 and 2.9

Table 2.8 Symmetry of diffuse enamel defects (United Kingdom, 2003, 12 year olds)

	England	Wales	Northern Ireland	United Kingdom
	<i>Percentage:</i>			
Not symmetrical	34	52	53	35
Symmetrical	66	48	46	65
<i>Base (100 per cent of children with defect)</i>	272	54	60	409

Table 2.9 Severity of symmetrical enamel defects (United Kingdom 2003, 12 year olds)

	England	Wales	Northern Ireland	United Kingdom
	<i>Percentage:</i>			
Similar or less severe than photo	89	[98]	[93]	90
More severe than photo	11	[2]	[6]	10
<i>Base (100 per cent of children with defect)</i>	179	28	26	248

[] Caution low base number of respondents - results are indicative only.

The prevalence of accidental damage

The prevalence of accidental damage is very similar in all four countries, though boys aged 12 and 15 years in Northern Ireland tended to have a higher experience of damage. The proportion of children in England sustaining accidental damage to permanent incisors fell from 1993 among 12 and 15-year-olds. In 1993, 18 per cent of 12-year-olds and 16 per cent of 15-year-olds had some accidental damage compared to 11 per cent of 12 year olds and 13 per cent of 15 year olds in 2003. The decline was most pronounced among 12 year old boys, with the proportion having accidental damage falling from 27 per cent in 1993 to 14 per cent in 2003. Among 12 and 15 year olds, boys were more likely to damage their incisors than girls.

Table 2.10

Table 2.10 Proportion of children with any accidental damage to the incisors by age, sex and country (United Kingdom 1983, 1993, 2003)

Age	England			Wales			Northern Ireland			United Kingdom		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children:</i>											
Boys												
8 year olds	13	6	6	9	7	6	6	6	5	12	6	6
12 year olds	29	27	14	31	11	11	22	20	20	29	25	14
15 year olds	34	21	17	35	20	14	30	30	23	33	21	16
Girls												
8 year olds	7	5	4	6	5	1	5	4	5	7	5	4
12 year olds	16	9	7	12	6	7	13	7	10	16	9	8
15 year olds	19	12	10	27	11	12	19	25	11	19	12	10
All children												
8 year olds	10	6	5	8	6	3	5	5	5	10	6	5
12 year olds	23	18	11	22	8	9	18	13	16	23	17	11
15 year olds	26	16	13	30	16	13	24	27	17	26	17	13

The overall trends within England are, in general, very similar to the pattern in Wales and Northern Ireland, with the incidence of dental trauma declining over time for most age groups. The exception is among 12-year-olds in Wales and Northern Ireland. In Wales, there was a more pronounced decline between the 1983 and 1993 surveys followed by a relatively stable proportion between 1993 and 2003 (8 per cent and 9 per cent respectively). In Northern Ireland there is a slight increase since the 1993 survey from 13 per cent to 16 per cent.

Table 2.10

3 Periodontal condition and hygiene behaviour

Indicators of oral health include the condition of children's gums as well as their teeth. The clinical examination included four measures of periodontal health that had been used in the previous surveys of 1983 and 1993. Three of these, relating to the visual examination of the gingivae, recorded the presence of gum inflammation, plaque and calculus for each of the six segments of the mouth, for all age groups. The criteria were consistent with those used in 1993. The fourth measure of periodontal health was used for 15-year-olds only. This made use of a periodontal probe which was used to detect gingival bleeding, a marker of active periodontal disease, around six index teeth. Periodontal pocketing was not measured, as accurate assessment of periodontal attachment loss at this age is difficult without a much more detailed and invasive examination. Furthermore, previous surveys had not identified periodontal attachment loss as a significant public health problem this age.

Reported oral hygiene behaviours form an important part of understanding the whole picture of oral health. This section also presents information from the questionnaire concerning these aspects of children's oral health.

The visual assessment of the gums

Each of the six segments of the mouth were examined for the presence or absence of gum inflammation, plaque and calculus.

Thirty two per cent of five-year-olds in England had gum inflammation. This proportion increased to 65 per cent among eight-year-olds and 67 per cent among 12-year-olds and decreased slightly among 15-year-olds to 53 per cent. Among five, eight and 12-year-olds, children in England were more likely than those in Wales to have gum inflammation. For example, 32 per cent of five-year-olds in England had some gum inflammation compared with 25 per cent in Wales. However, in 15-year-olds England had the lowest proportion (52 per cent) of children with inflamed gums compared with Wales (56 per cent) and Northern Ireland (65 per cent).

Table 3.1

Prevalence of plaque showed a similar pattern to that of gum inflammation with higher proportions of eight-year-olds (78 per cent) and 12-year-olds (74 per cent) having plaque than five-year-olds (50 per cent) and 15-year-olds (63 per cent). Among five and eight-year-olds, children in England were more likely to have plaque (50 per cent of five-year-olds and 78 per cent of eight-year-olds) than children in Wales (44 per cent of five-year-olds and 1 per cent of eight-year-olds). A lower proportion of 15-year-olds (63 per cent) in England has plaque compared with Northern Ireland (77 per cent).

Table 3.1

Table 3.1 Proportion of children with unhealthy gums, plaque or calculus (in any sextant) by age (United Kingdom, 1983, 1993, 2003)

Age	Country			
	England	Wales	Northern Ireland	United Kingdom
	Percentage of children:			
Unhealthy gums				
5 year olds	32	25	36	32
8 year olds	65	52	63	63
12 year olds	67	61	68	65
15 year olds	53	56	65	52
Visible plaque				
5 year olds	50	44	56	50
8 year olds	78	71	75	76
12 year olds	74	72	77	73
15 year olds	63	63	77	63
Calculus				
5 year olds	6	2	4	6
8 year olds	25	14	19	23
12 year olds	32	24	27	30
15 year olds	41	32	35	39

Table 3.1 shows that increasing proportions of children were affected by calculus as age increased: only a small proportion (6 per cent) of 5-year-olds had calculus compared with 25 per cent of 8-year-olds, 32 per cent of 12-year-olds and 41 per cent of 15-year-olds. Among all age groups, the proportion of children with calculus in England was higher than in Wales. The difference was most pronounced among 8-year-olds, where there was an 11 percentage point difference between the two countries: 25 per cent of 8-year-olds in England had calculus compared with 14 per cent in Wales.

Table 3.1

Gingivitis among 15-year-olds

In 15-year-olds, an assessment of gingival bleeding was made by applying a periodontal probe around six index teeth. Gingival bleeding, is a marker of active periodontal disease. Table 5 shows that 45 per cent of 15-year-olds in England had gingivitis, similar to that found 1993 (44 per cent) and a decrease from 47 per cent in 1983. A larger proportion of 15-year-olds in England (45 per cent) had gingivitis than in Wales (37 per cent).

Table 3.2

Table 3.2 Proportion of 15-year-old children with gingivitis by country (United Kingdom, 1983, 1993, 2003)

	Country		
	1983	1993	2003
England	47	44	45
Wales	41	62	37
Northern Ireland	60	39	44
United Kingdom	48	45	43

Oral healthcare at home

Information from the questionnaire gives an indication of the way that children's teeth and oral health are maintained at home. Questions were asked about tooth brushing and the use of fluoride supplements and other oral health aids.

Overall, around three quarters of children in all age groups reported brushing their teeth at least twice a day. However, there were some differences between boys and girls, with eight and 15-year-old girls more likely to brush more frequently than boys; 83 per cent of eight-year-olds girls brushed twice a day compared with 75 per cent of boys and among 15-year-olds, 80 per cent of girls aged brushed twice a day compared with 70 per cent of boys.

Table 3.3

Table 3.3 Frequency of tooth brushing by age and sex (England, 2003)

	Age			
	5	8	12	15
	Percentage of children:			
Boys				
Three times or more daily	1	-	1	5
Twice daily	75	75	71	70
Once daily or less	24	25	28	25
<i>Unweighted sample size</i>	268	254	243	177
Girls				
Three times or more daily	3	*	6	6
Twice daily	77	82	75	80
Once daily or less	19	18	19	15
<i>Unweighted sample size</i>	285	293	213	181
All children				
Three times or more daily	2	*	4	5
Twice daily	76	78	73	75
Once daily or less	22	21	24	20
<i>Unweighted sample size</i>	553	547	456	358

Periodontal health and dental behaviour

The relationship between children's periodontal condition and their tooth brushing behaviour is shown in Table 3.4. Generally, more frequent brushing was associated with less plaque and gingivitis, except for 8-year-old children. For example, 66 per cent of 12-year-olds who brushed twice daily had gingivitis, compared with 72 per cent who brushed only once. Forty-six per cent of 5-year-olds who brushed twice daily had plaque 57 per cent of those brushing only once a day.

Table 3.4

Table 3.4 Relationship between reported frequency of teeth brushing and periodontal condition (England, 2003)

		Frequency of brushing		
		Three times or more daily	Twice daily	Once daily or less
Percentage of children:				
5-year-olds				
	Gingivitis	[20]	32	38
	Plaque	[30]	46	59
	Calculus	[-]	7	7
	<i>Unweighted sample size</i>	10	427	116
8- year-olds				
	Gingivitis	[100]	68	75
	Plaque	[100]	80	89
	Calculus	[-]	26	65
	<i>Unweighted sample size</i>	2	423	118
12-year-olds				
	Gingivitis	[48]	69	73
	Plaque	[67]	72	87
	Calculus	[22]	31	69
	<i>Unweighted sample size</i>	15	331	108
15-year-olds				
	Gingivitis	[45]	55	67
	Plaque	[63]	65	79
	Calculus	[34]	40	52
	<i>Unweighted sample size</i>	18	271	68

[] Caution low base number of respondents: figures are indicative only.

Table 3.5 shows that among 15-year-olds, those who brush more frequently are less likely to have gingivitis. Thus over half (59 per cent) of those who brush only once a day have gingivitis compared with 41 per cent of those who brush more frequently.

Table 3.5

Table 3.5 Proportion of 15-year-old children with gingivitis by reported brushing frequency (England, 2003)

	Frequency of brushing		
	3 times or more daily	Twice daily	Once daily or less
Gingivitis	[42]	41	59
<i>Unweighted sample size</i>	18	271	68

[] Caution low base number of respondents: figures are indicative only.

Oral hygiene products

The use of different oral hygiene products among children in England is shown in Table 3.6. As might be expected, toothbrushes and toothpaste are used widely. About four-fifths of children in all age groups use an ordinary toothbrush, but electric or battery operated brushes are becoming popular, particularly among eight-year-olds where 65 per cent reported using them, compared with 53 per cent of five year-olds, 52 per cent of 12-year-olds and 48 per cent of 15-year-olds. Other products that are commonly used at home are mouthwashes and sugar free or dental chewing gum and the use of these increases with age. Around a quarter (23 per cent) of 8-year-olds use mouthwash compared with 36 per cent of 12-year-olds and 45 per cent of 15-year-olds. A similar pattern exists for chewing gum. Dental floss is appropriate for older children to use as an adjunct to tooth brushing. Nineteen per cent of 15-year-olds and 13 per cent of 12-year-olds reported using dental floss as did smaller proportions of five and eight-year-olds. Some children of all ages made use of dental disclosing tablets.

Table 3.6

Table 3.6 Proportion of children in each age group using different oral hygiene products (England, 2003)

	Age			
	5	8	12	15
	Percentage of children:			
Toothbrush (non-electric)	83	80	84	82
Electric / battery operated toothbrush	53	65	52	48
Toothpaste	95	96	96	96
Fluoride drops or tablets	2	1	2	1
Mouthwash	8	23	36	45
Dental Floss	1	6	13	19
Dental disclosing (plaque revealing) tablets	2	7	10	5
Sugar free or dental chewing gum	12	24	33	43
Other	-	1	2	1
None of these	-	-	*	-
<i>Unweighted sample size</i>	553	547	456	358

Fluoride supplements (tablets and drops) can be used in areas where there is no water fluoridation. As Table 3.7 shows, the proportion of children using these supplements is very small and has decreased since the previous survey.

Table 3.7

Table 3.7 Use of fluoride supplements by age and country (United Kingdom, 1983, 1993, 2003)

Age	5		8		12		15	
	1993	2003	1993	2003	1993	2003	1993	2003
England	6	2	4	1	2	2	3	1
Wales	10	2	6	4	4	1	3	-
Northern Ireland	33	6	22	3	22	3	10	2
United Kingdom	9	2	6	1	3	2	3	1

4 Patterns of care and service use

While it is possible to draw some conclusions about a child's dental history from the state of their mouth, this gives an incomplete picture as some previously diseased or treated teeth may have fallen out naturally or been extracted. Asking parents about their child's lifetime experience of dentistry gives an opportunity to build a more complete picture than would be available from the clinical examination alone. When combined with information on maternal attendance it also allows an examination of how a mother's attendance pattern may influence that of their child.

Reported use of dental services is an important indicator of attitudes to oral health and dental care. Similarly, reported experience of dental services indicates choices that have been made by children and their parents or carers and how accessible and appropriate certain forms of dental treatment may have been. This is essential to understanding how changing patterns of disease amongst children are linked to dental service uptake.

This section also presents information on dental anxiety and access to dental services.

Visiting the dentist

The majority of children were reported as having visited the dentist at least once. Table 1 shows the proportion of children who had reportedly never visited the dentist. There were no differences between England, Wales and Northern Ireland. In England, the proportion of children who had never visited the dentist reduces with age to only around 1 per cent of 12 or 15-year-olds. The proportion of five-year-olds who had never visited the dentist was only 7 per cent in 2003, compared with 11 per cent in 1993 and 13 per cent in 1983.

Table 4.1

Table 4.1 Proportion of children who had never visited the dentist by country (United Kingdom, 1983, 1993, 2003)

Country	Age 5			Age 8			Age 12			Age 15		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children:</i>											
England	13	11	7	4	4	2	2	1	1	1	1	*
Wales	16	6	5	4	1	2	1	2	-	1	1	-
Northern Ireland	29	5	4	7	1	1	5	*	-	1	3	-
United kingdom	14	10	6	4	4	2	2	1	1	1	1	1

The age at which children first visited the dentist is another way of investigating this issue. Parents were asked at what age their child had first attended a dentist and the responses are shown in table 4.2. In 2003, the proportion of five-year-olds who were reported as having first visited the dentist before the age of two years (28 per cent) had almost doubled since 1993 (15 per cent), and more than doubled among eight-year-olds (32 per cent in 2003 compared with 12 per cent in 1993). This confirms the finding that parents are apparently taking their children to the dentist at a younger age than was previously the case. It is understandably difficult for parents of older children to remember how old their child was when they first visited the dentist and the responses for older children should be interpreted with caution.

Table 4.2

Table 4.2 Age of first visit to the dentist by age (England, 1993, 2003)

Age at first visit	Age							
	5		8		12		15	
	1993	2003	1993	2003	1993	2003	1993	2003
	<i>Percentage of children:</i>							
Under two years	15	28	12	32	7	28	7	22
Under three years	42	50	36	51	30	48	25	40
Under four years	67	73	59	65	51	64	50	58
Under five years	82	86	71	79	68	73	64	70
Five years or older	5	8	22	19	26	26	27	29
Never visited the dentist	11	7	4	2	1	1	1	*
Cant' remember	2	*	3	1	5	1	8	2

Children's dental attendance pattern

Parents' were asked whether their child usually attended the dentist for a regular check up, an occasional check up or only when they had trouble with their teeth. Table 4.3 shows the proportion of children in each age group reported as attending the dentist regularly, occasionally or only when having trouble with their teeth. The majority of children in all age groups (over 80 per cent) were reported to attend the dentist for regular check ups.

*Table 4.3***Table 4.3** Children's reported dental attendance patterns by age (England, 2003)

	Frequency of visit		
	Regular check up	Occasional check up	Only attends when trouble
	<i>Percentage of children:</i>		
5 year olds	82	14	4
8 year olds	86	11	3
12 year olds	88	8	4
15 year olds	86	10	5

Mothers' and children's dental attendance patterns

Previous studies have shown an association between mothers' and children's dental attendance patterns, suggesting that maternal attitudes to oral health and dental services are an important influence on decisions over the child's dental care. In addition to being asked about children's dental attendance, the questionnaire also asked parents to indicate how often they themselves, or their partners, went to the dentist. This information was used to derive a variable for maternal attendance. While in the majority of cases the questionnaire was completed by the child's mother, 12 per cent of questionnaires were completed by the mother's husband or partner. Hence in these cases maternal attendance patterns were collected by proxy (as in previous surveys).

Mothers' attendance patterns were derived, using information given about the length of time since the last dental visit and the reason for the visit. Those who had visited the dentist in the six months prior to the survey and who had done so for a check up were categorised as regular attenders. Occasional attenders were categorised as those whose last visit was longer than six months ago, but was also for a check up. Those whose last visit was because they had trouble with their teeth were classified as attending only with trouble.

Table 4.4 shows the proportion of children reportedly first attending the dentist before the age of five years compared with their mother's reported attendance pattern. This shows, as in the previous survey, that the two are associated. For example nearly all (92 per cent) of children aged five years in 2003 whose mothers were regular attenders had visited the dentist before the age of five compared with around half (54 per cent) of those whose mothers only attended when having symptoms; a wider gap than was apparent in 1993 when the figures were 92 per cent and 61 per cent respectively. The proportion of children under five on their first visit whose mothers were occasional attenders has improved from 70 per cent in 1993 to 90 per cent in 2003 among five-year-olds and from 58 per cent in 1993 to 70 per cent in 2003 among eight-year-olds.

Table 4.4

Table 4.4 Proportion of children who were aged below five at first dental visit by age and mother's dental attendance pattern (England, 1993, 2003)

Mother's attendance pattern	Age							
	5		8		12		15	
	1993	2003	1993	2003	1993	2003	1993	2003
	<i>Percentage of children under five at first dental visit:</i>							
Regular attender	92	92	83	85	78	81	74	78
Occasional attender	70	90	58	70	59	53	52	29
Only attends with trouble	61	54	49	54	47	51	43	56
All types of attender	82	86	71	78	68	73	67	70

Table 4.5 shows the proportion of children who attended the dentist regularly according to mothers' attendance patterns. The overall proportion of children classified as regular attenders has remained stable in all four age groups since 1993. In all age groups there remains a marked difference between those whose mother is a regular attender and those whose mother only attends with symptoms. The difference is most pronounced among five-year-olds, 70 per cent of children whose mother was a regular attender were themselves

regular attenders compared with only 24 per cent of those whose mother was a symptomatic attender. Among older children, there is an apparent pattern of a reduction in dental attendance among those whose mothers were not regular attenders. For instance, among 15-year-olds the proportion of children classed as regular attenders fell from 43 per cent of those with occasional attender mothers in 1993 to 18 per cent in 2003 and 44 per cent of those with symptomatic attender mothers in 1993 to 37 per cent in 2003.

Table 4.5

Table 4.5 Proportion of children who attended the dentist regularly by age and mother's dental attendance pattern (United Kingdom, 1993, 2003)

Mother's attendance pattern	Age							
	5		8		12		15	
	1993	2003	1993	2003	1993	2003	1993	2003
<i>Percentage of children who were regular attenders:</i>								
Regular attender	73	70	76	72	74	74	77	71
Occasional attender	39	28	43	27	53	29	43	18
Only attends with trouble	29	24	33	36	39	35	44	37
All types of attender	57	58	61	63	63	64	64	63

Reason for last dental visit

Another way of assessing children's dental attendance is to examine what initiated their most recent course of treatment, irrespective of whether it was completed in one visit or spread out over a number of visits. This is shown in Table 4.6. Across all age groups the majority of reasons given for initiating a course of treatment were check ups or in response to reminders from the dentist; between 82 per cent and 90 per cent of children. There were no age-related differences in the proportion of reasons reported for initiating treatment.

Table 4.6

Table 4.6 Reason for last dental visit by age (England, 2003)

Reason for last visit	Age			
	5	8	12	15
<i>Percentage of children:</i>				
Having trouble with teeth	10	13	9	9
Note from school dentist	3	2	1	1
Check-up	70	77	79	80
Reminder	12	7	11	9
To get used to going	4	1	*	-
Other reason	*	*	*	*
<i>Unweighted sample size</i>	<i>491</i>	<i>519</i>	<i>433</i>	<i>336</i>

Dental Services Used

In the 1983 and 1993 surveys, most children who had experienced dental treatment had used the General Dental Service and few were reported to have received treatment from the Community Dental Service, either in isolation or in combination with General Dental

Services. The question relating to this topic was re-phrased to improve clarity and focus upon experience of both diagnostic and treatment services rather than only treatment, as suggested in 1983 and 1993. The results are therefore not comparable with previous surveys but give a more complete picture of service use. In 2003 the terms 'school dentist' and 'Community Dental Service' were applied to capture use of National Health Service (NHS) salaried primary care dental services that were targeted at children and provided screening as well as individual diagnostic and treatment services. The majority of children in 2003 reported having used the General Dental Services, either in isolation or in combination with Community Dental Services (Table 4.7). The reported use of dental services outside the NHS by children remains very low, as in previous surveys

Table 4.7

Table 4.7 Dental services used by age (United Kingdom, 2003)

Dental Service	Age			
	5	8	12	15
	<i>Percentage of children:</i>			
General Dental Services only	48	53	55	48
Community Dental Services only	7	5	6	8
General and Community Dental Services	35	35	37	35
Treatment outside the NHS	2	3	1	2
No experience of service	6	2	1	1
<i>Unweighted sample size</i>	<i>553</i>	<i>547</i>	<i>455</i>	<i>358</i>

Experience of dental treatment

The questionnaire sought information on the reported lifetime experience of certain dental treatments. Reported extractions in children aged five and eight years will tend to be for removal of decayed teeth; in older children an increasing number of extractions will have been for orthodontic purposes. Any changes over time will reflect a range of factors particularly changing dental attendance patterns, demand for orthodontics and changing prevalence of dental caries. Changes in the reported experience of fillings may be the result of changing disease levels but may also be affected by children having teeth filled rather than extracted. This makes interpretation of the data increasingly problematic when disease levels are known to be falling and dental attendance rising.

Table 4.8 shows the proportion of children who were reported to have experienced at least one extraction at some time in their lives, irrespective of the underlying reason. In England, reported experience of extraction increased with age from 10 per cent among five-year-olds to 46 per cent among 15-year-olds. Among eight, 12 and 15-year-olds the reported experience of extractions has decreased since previous surveys. For instance, among 15-year-olds the proportion with reported experience of extractions fell from 70 per cent in 1983 to 54 per cent in 1993 and to 46 per cent in 2003. There are some differences in experience of extractions between the countries of the United Kingdom. Among 12-year-olds, a lower proportion of children from England (34 per cent) had reported experience of extractions compared with either Wales (58 per cent) or Northern

Ireland (53 per cent). Statistically significant differences in the proportion of children with experience of extractions were also evident between England and Wales among eight-year-olds (21 per cent compared with 32 per cent) and between England and Northern Ireland among 15-year-olds (46 per cent compared with 60 per cent).

Table 4.8

Table 4.8 Proportion of children who had ever had an extraction by age and country (United Kingdom, 1983, 1993, 2003)

Country	Age 5			8			12			15		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children who had ever had an extraction:</i>											
England	9	10	10	39	29	21	64	48	34	70	54	46
Wales	14	11	9	47	29	32	72	53	58	75	64	53
Northern Ireland	27	27	14	60	41	26	80	57	53	87	58	60
United kingdom	11	12	10	42	31	23	66	51	36	71	56	47

The reported experience of fillings is shown in Table 4.9. A decline in the reported experience of fillings can be observed in England among 12 and 15-year-olds between 1993 and 2003 but there has been little change among five and eight-year-olds. The rate of change was greater between 1983 and 1993 than between 1993 and 2003 in all age groups. For instance, the reported experience of fillings among 15-year-olds decreased from 90 per cent in 1983 to 63 per cent in 1993 and decreased again between 1993 and 2003 to 49 per cent. Children in England were least likely to report experience of fillings in all age groups and, as in 1993, the differences between England and other countries were greater in the older age groups. Among 12-year-olds 47 per cent of children in England reported experience of fillings, a smaller percentage than in Wales (57 per cent) or Northern Ireland (70 per cent). Among 15-year-olds, 49 per cent of children in England reported experiencing a filling compared with 70 per cent in Wales and Northern Ireland.

Table 4.9

Table 4.9 Proportion of children who had ever had a tooth filled by age and country (United Kingdom, 1983, 1993, 2003)

Country	Age 5			8			12			15		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children who had ever had a tooth filled:</i>											
England	27	20	15	57	45	42	81	60	47	90	63	49
Wales	41	21	21	64	56	54	84	67	57	90	74	70
Northern Ireland	29	25	28	63	50	51	72	77	70	87	77	70
United kingdom	29	20	16	58	46	42	81	62	49	90	66	52

Parents were also asked whether their child had ever had a general anaesthetic for dental procedures. Since the late 1990s there has been increasing regulation of the provision of general anaesthesia for dental procedures. Younger children therefore will mostly have experienced this for extraction of carious teeth only, where other patient management

techniques could not be used. In 1993 the questionnaire linked general anaesthesia with extractions, in 2003 experience of general anaesthesia for dental procedures was recorded irrespective of the dental procedure. This means that the 2003 results are not comparable with previous surveys. The proportion of children who reported to have both experienced a general anaesthetic for dental procedures and had teeth extracted, not necessarily simultaneously, is shown in Table 4.10. Overall in England only 5 per cent of five-year-olds reported experience of both general anaesthesia and extractions compared with 20 per cent of 15-year-olds. There were no statistically significant differences between countries within any of the age groups.

Table 4.10

Table 4.10 Proportion of children who have had a general anaesthetic and teeth taken out by age and country (United Kingdom, 2003)

Country	Age			
	5	8	12	15
	Percentage of children:			
England	5	8	9	20
Wales	5	19	18	22
Northern Ireland	8	14	20	26
United Kingdom	5	10	10	20

Children who were reported as having visited the dentist and not received an extraction or a filling are shown in table 4.11. In England, the proportion has risen since 1993 in all age groups, though the change is smaller among five and eight-year-olds. The proportion among 12-year-olds almost doubled from 26 per cent in 1993 to 50 per cent in 2003. English children were more likely to have visited the dentist and not required any treatment compared with other countries in all age groups. The difference was most pronounced among 12-year-olds: 50 per cent in England compared with 38 per cent in Wales and 22 per cent in Northern Ireland.

Table 4.11

Table 4.11 Proportion of children who had visited the dentist and had never had an extraction or filling by age and country (United Kingdom, 1983, 1993, 2003)

Country	Age											
	5			8			12			15		
	1983	1993	2003	1983	1993	2003	1983	1993	2003	1983	1993	2003
	<i>Percentage of children who had never had a filling or extraction:</i>											
England	56	72	81	28	44	55	8	26	50	5	21	42
Wales	35	71	76	18	33	39	7	21	38	3	11	28
Northern Ireland	27	57	64	13	34	44	5	11	22	4	14	26
United kingdom	53	71	79	26	42	53	7	24	47	4	19	40

Parents were asked whether their child was accompanied to their last dental check-up and the results are shown in Table 4.12. Over 90 per cent of children in all age groups were accompanied to this visit; only 6 per cent of children aged 15 were unaccompanied. Among fifteen-year-olds, children in Northern Ireland (12 per cent) and Wales (14 per cent) were

more likely to have gone unaccompanied compared with children from England (5 per cent).

Table 4.12

Table 4.12 Proportion of children attending the dentist who were accompanied by age and country (United Kingdom, 2003)

Person accompanying	Age			
	5	8	12	15
England				
Parent/legal guardian	96	98	95	92
Another adult relative	2	2	2	2
Another adult (not a relative)	*	*	1	-
Another child (aged under 16)	15	12	8	7
Child unaccompanied	-	-	1	5
Seen by dentist at school	3	1	2	1
<i>Unweighted sample size</i>	<i>504</i>	<i>527</i>	<i>440</i>	<i>348</i>
Wales				
Parent/legal guardian	98	96	93	82
Another adult relative	*	3	4	5
Another adult (not a relative)	*	1	1	-
Another child (aged under 16)	15	11	10	4
Child unaccompanied	-	-	2	14
Seen by dentist at school	1	1	*	*
<i>Unweighted sample size</i>	<i>205</i>	<i>187</i>	<i>160</i>	<i>139</i>
Northern Ireland				
Parent/legal guardian	98	97	93	85
Another adult relative	1	3	1	3
Another adult (not a relative)	-	1	-	-
Another child (aged under 16)	12	7	5	2
Child unaccompanied	-	*	2	12
Seen by dentist at school	1	-	4	-
<i>Unweighted sample size</i>	<i>107</i>	<i>126</i>	<i>99</i>	<i>84</i>
United Kingdom				
Parent/legal guardian	96	97	94	90
Another adult relative	2	2	2	2
Another adult (not a relative)	*	*	1	-
Another child (aged under 16)	15	11	8	6
Child unaccompanied	*	*	1	6
Seen by dentist at school	3	2	2	1
<i>Weighted base</i>	<i>1274</i>	<i>1382</i>	<i>1330</i>	<i>1269</i>

Barriers to access

Parents were asked whether their child got anxious or worried about going to the dentist and the results are shown in Table 4.13. Some anxiety about going to the dentist was reported for 23 per cent of five-year-olds, 25 per cent of eight-year-olds, 28 per cent of 12-year-olds and 24 per cent of 15-year-olds. However, in all age groups the majority of children reported as having some anxiety would still attend the dentist.

Table 4.13

Table 4.13 Reported anxiety about attending the dentist by age (England, 2003)

Reported anxiety	Age			
	5	8	12	15
	<i>Percentage:</i>			
Does not usually get anxious	77	75	72	76
Gets anxious but attends	19	22	25	23
Gets anxious and only attends if in pain	1	1	1	*
Gets anxious and only attends if parent/guardian	3	2	1	*
Gets so anxious that refuses to go	*	*	1	*
<i>Unweighted sample size</i>	506	530	450	356

Despite an apparent rise in attendance amongst children since previous surveys, around 10 per cent of children in all age groups were reported as having experienced difficulty in accessing NHS dental care at some point. Among those reporting experience of difficulty around a fifth to a quarter in all age groups reported current problems with access.

Tables 4.14 and 4.15

Table 4.14 Proportion of children reporting experiencing difficulties in finding an NHS dentist by age (England, 2003)

	Age			
	5	8	12	15
	<i>Percentage of children:</i>			
Experienced difficulty	9	9	14	8
No attempt to access dentist	5	5	5	7
No difficulty	86	86	81	86
<i>Unweighted sample size</i>	506	530	450	356

Table 4.15 Time period when difficulties were experienced in finding an NHS dentist by age (?England, 2003)

	Age			
	5	8	12	15
	<i>Percentage of children:</i>			
Currently having problems	[22]	[19]	24	[28]
In last two years	[56]	[41]	37	[45]
Over two years ago	[21]	[39]	39	[28]
<i>Unweighted sample size</i>	47	45	58	24

[] Caution: Low base number of respondents, results are indicative only

5 Impact of oral health

The way in which children are affected by their oral condition is as important as the amount or extent of disease they have experienced. A measure to assess the impact of oral condition was introduced into the 1998 Survey of Adults Dental Health in the United Kingdom¹ and it was considered to be important to assess this in children in 2003. The children's dental health survey questionnaire was designed for completion by the parents or guardians of those who took part, although older participants may have filled the questionnaire in themselves. Therefore it was unnecessary to try to frame questions which could be answered by both very young children and by teenagers. It was decided to develop a "generic" type of impact measure in which the questions were framed to directly reflect the impact dimensions specified in the 1998 survey of adults. The questions dealt with each of the eight issues identified in the adult survey plus an item on general health in terms of the frequency that they were experienced over the 12 months preceding the survey.

The parents of most of the children in all age groups did not think their children had been affected by their oral condition in the preceding year. Some form of impact was reported by the parents of 22 per cent of five-year-olds, 26 per cent of eight-year-olds, 35 per cent of 12-year-olds and 30 per cent of 15-year-olds. Among all age groups, the reported experience of problems arising from oral condition was similar in England and Wales. Differences were apparent between England and Northern Ireland among 12 and 15-year-olds, with a larger proportion of children in England reported to have experienced at least one problem.

Table 5.1

Table 5.1 Mean number and proportion of children with reported oral condition problems experienced at least *occasionally* in the preceding 12 months by age and country (United Kingdom, 2003)

	Mean number of problems	Percentage with at least one problem	Unweighted sample size*
England			
5 year olds	0.4	22	553
8 year olds	0.4	26	547
12 year olds	0.6	35	456
15 year olds	0.5	30	358
Wales			
5 year olds	0.3	22	218
8 year olds	0.4	30	193
12 year olds	0.8	38	165
15 year olds	0.6	31	140
Northern Ireland			
5 year olds	0.3	16	112
8 year olds	0.6	25	128
12 year olds	0.5	24	101
15 year olds	0.3	21	88
United Kingdom			
5 year olds	0.4	22	1373
8 year olds	0.4	26	1424
12 year olds	0.6	34	1375
15 year olds	0.5	28	1309

* weighted bases shown for United Kingdom

The quality and frequency of the problems experienced is shown in Table 5.2. Where some form of problem was reported to be experienced it was generally described as being experienced occasionally rather than more frequently. The most common problem reported to have been experienced in the preceding year was pain, which was reported most often among 12-year-olds. Experience of pain on occasion was reported more often in the 12-year-old age group (24 per cent) during the preceding 12 months than in any other age group (14-16 per cent). Pain was experienced fairly often by 2 per cent of five-year-olds, 3 per cent of 8 and 12-year-olds and 4 per cent of 15-year-olds in the year preceding the survey and a small proportion (1 per cent) of 8, 12 and 15-year-olds were said to have experienced oral pain very often in the preceding 12 months.

Table 5.2

Table 5.2 Proportion of children reported as having oral condition problems occasionally, fairly often or very often in the preceding 12 months by age (England, 2003)

Type of problem	Frequency of problem by age											
	Occasionally				Fairly often				Very often			
	5	8	12	15	5	8	12	15	5	8	12	15
Pain												
Toothache or sore mouth	14	16	24	16	2	3	3	4	*	1	1	1
Impact on oral function												
Problems chewing, talking	4	4	5	7	1	*	*	1	2	*	1	-
Impact on self-confidence												
Embarrassed, self-conscious or worried	3	5	6	7	1	1	1	1	1	1	1	1
Impact on orally-related activity												
Stopped playing musical instrument	3	4	4	6	1	*	1	2	1	*	1	1
Impact on emotions												
Becoming less cheerful or more irritable	4	4	5	4	*	1	*	1	*	*	1	*
Impact on social functioning												
Stopping playing or speaking to friends	1	1	1	1	*	*	-	*	*	*	1	*
Impact on General Health												
General health effected	2	1	1	*	*	*	-	-	*	-	*	-
Impact on Life Overall												
Life as a whole made worse	1	2	1	1	*	-	-	-	*	*	*	-

Table 5.3 shows the proportion of children in England, Wales and Northern Ireland reported to have experienced oral health problems occasionally or more often. The estimates for England show more 12-year-olds (28 per cent) were reported to have experienced occasional or more frequent pain in the year preceding the survey than any other age group. A lower proportion of five-year-olds (4 per cent) were reported to have had their self-confidence affected occasionally or more often in the 12 months preceding the survey than any other age group. This problem was more commonly reported to affect older children; 8 per cent of 12-year-olds and 9 per cent of 15-year-olds were said to have experienced some effect on their self-confidence in the year before the survey. In some children the condition of their mouths was thought to have led to their emotional outlook on life being affected (for example, being less cheerful or more irritable); 4 per cent of five-year-olds, 6 per cent of 8 and 12-year-olds and 4 per cent of 15-year-olds were reported to have experienced some form of emotional impact as a result of their oral condition. The more far-reaching consequences of oral condition were rarely encountered, but a few children in every age group (under 2 per cent of their group) were reported to have had their social functioning, their general health or their life in general affected by some aspect(s) of their oral condition.

The pattern of problems experienced in England, Northern Ireland and Wales was broadly similar but there was some variation between England, Wales and Northern Ireland among 12-year-olds with reported experience of oral pain; fewer children in Northern Ireland (18 per cent) were reported to have experience of oral pain compared with England (28 per cent) and Wales (27 per cent).

Table 5.3

Table 5.3 Proportion of children reported as having oral condition problems occasionally or more often in the preceding 12 months by age and country (United Kingdom 2003)

Type of problem	England				Wales				Northern Ireland			
	5	8	12	15	5	8	12	15	5	8	12	15
Pain												
Toothache or sore mouth	16	20	28	21	19	24	27	24	14	23	18	16
Impact on oral function												
Problems chewing, talking	6	5	5	8	4	3	9	6	6	7	2	2
Impact on self-confidence												
Embarrassed, self-conscious or worried	4	8	9	8	1	7	11	11	-	4	11	8
Impact on orally-related activity												
Stopped playing musical instrument	4	4	6	8	3	3	11	9	2	9	6	5
Impact on emotions												
Becoming less cheerful or more irritable	4	6	6	4	3	4	11	6	5	7	6	2
Impact on social functioning												
Stopping playing or speaking to friends	1	1	2	2	1	-	3	2	-	2	2	-
Impact on General Health												
General health effected	2	1	1	*	1	4	3	-	4	6	2	-
Impact on Life Overall												
Life as a whole made worse	2	2	2	1	1	3	3	2	2	4	4	2
<i>Unweighted sample size</i>	<i>553</i>	<i>547</i>	<i>456</i>	<i>358</i>	<i>218</i>	<i>193</i>	<i>165</i>	<i>140</i>	<i>112</i>	<i>128</i>	<i>101</i>	<i>88</i>

Impact of Oral Health and Dental Health

What is the relationship between disease as determined by the survey dental examination and the subjective impact of oral condition determined primarily by the reports of the children's parents? Table 5.4 compares the experience of obvious decay ($d_{3cv}mft$) in primary teeth with the parental report of some form of oral problem. Among both five and eight-year-olds a higher proportion of children with obvious decay experience in their primary dentition were reported to have had an oral problem and had experienced a greater number of problems than children of the same age with no obvious decay experience.

Table 5.4

Table 5.4 Mean number and proportion of children with reported oral condition problems experienced at least occasionally in the preceding 12 months by age and obvious decay experience ($d_{3cv}mft$) in primary teeth (England 2003)

	Mean number of problems	Percentage with at least one problem
Obvious decay experience		
5 year olds	0.7	34
8 year olds	0.5	32
No obvious decay		
5 year olds	0.2	15
8 year olds	0.3	20

Likewise, in permanent teeth a higher proportion of eight and 12-year-olds with obvious decay ($D_{3cv}MFT$) had experienced problems due to their oral condition than those without obvious decay. There were no statistically significant differences among 15-year-olds.

Table 5.5

Table 5.5 Mean number and proportion of children with reported oral condition problems experienced at least occasionally in the preceding 12 months by age and obvious decay experience ($D_{3cv}MFT$) in permanent teeth (England, 2003)

	Mean number of problems	Percentage with at least one problem
Obvious decay experience		
8 year olds	0.7	35
12 year olds	0.7	41
15 year olds	0.5	32
No obvious decay		
8 year olds	0.4	24
12 year olds	0.5	31
15 year olds	0.5	27

Experiencing some form of oral problem was more common in the presence of unhealthy gums. A higher proportion of 12 and 15-year-olds with unhealthy gums were reported to have experienced a problem compared with those of a similar age with healthy gums. Among five and 12-year-olds, more problems were experienced on average by those with unhealthy gums compared with those with healthy gums.

Table 5.6

Table 5.6 Mean number and proportion of children with reported oral condition problems experienced at least occasionally in the preceding 12 months by age and presence of unhealthy gums (England, 2003)

	Mean number of problems	Percentage with at least one problem
Unhealthy gums		
5 year olds	0.5	26
8 year olds	0.4	26
12 year olds	0.7	40
15 year olds	0.5	33
Healthy gums		
5 year olds	0.3	21
8 year olds	0.5	27
12 year olds	0.4	24
15 year olds	0.5	25

A higher proportion of 12-year-olds with visible plaque (37 per cent) had experienced problems than those without visible plaque (28 per cent). There were no further statistically significant differences

Table 5.7

Table 20 Mean number and proportion of children with reported oral condition problems experienced at least occasionally in the preceding 12 months by age and presence of plaque

	Mean number of problems	Percentage with at least one problem
Visible plaque		
5 year olds	0.5	24
8 year olds	0.4	25
12 year olds	0.6	37
15 year olds	0.5	31
No visible plaque		
5 year olds	0.3	22
8 year olds	0.6	31
12 year olds	0.5	28
15 year olds	0.5	27

6 Orthodontic condition

The survey collected information relating to the orthodontic condition of 12 and 15-year-olds. The clinical examination recorded current and past orthodontic treatment, as well as the type of appliance worn by children undergoing treatment. For those children not already wearing an appliance, orthodontic treatment need was determined using the Simplified Index of Orthodontic Treatment Need which consists of two separate components, the aesthetic component and the dental health component. The aesthetic component determines the level of need for orthodontic treatment on aesthetic grounds. The overall dental attractiveness of the anterior teeth are assessed using a ten point scale. This compares the anterior teeth with ten standard photographs. Grades eight to ten are regarded as a definite need for treatment. The dental health component determines the need for orthodontic treatment on dental health grounds. The dental health component of the Index assesses five occlusal traits following the "MOCDO" convention; Missing teeth, Overjet, Crossbite, Displacement of contact points and Overbite.

Orthodontic condition among 12 and 15-year-olds.

The orthodontic condition of 12 and 15-year-olds is summarised in Table 6.1 and Figure 6.1. The estimates for England show that 8 per cent of 12-year-olds and 15 per cent of 15-year-olds were wearing an orthodontic appliance at the time of the survey. In total, 35 per cent of 12-year-olds and 19 per cent of 15-year-olds were assessed as having need for orthodontic treatment on both aesthetic and dental health grounds or on either aesthetic or dental health grounds alone. Fifty six per cent of 12-year-olds and 66 per cent of 15-year-olds were not wearing an orthodontic appliance and were not judged in need of orthodontic treatment. Differences between children in England and other countries were not statistically significant.

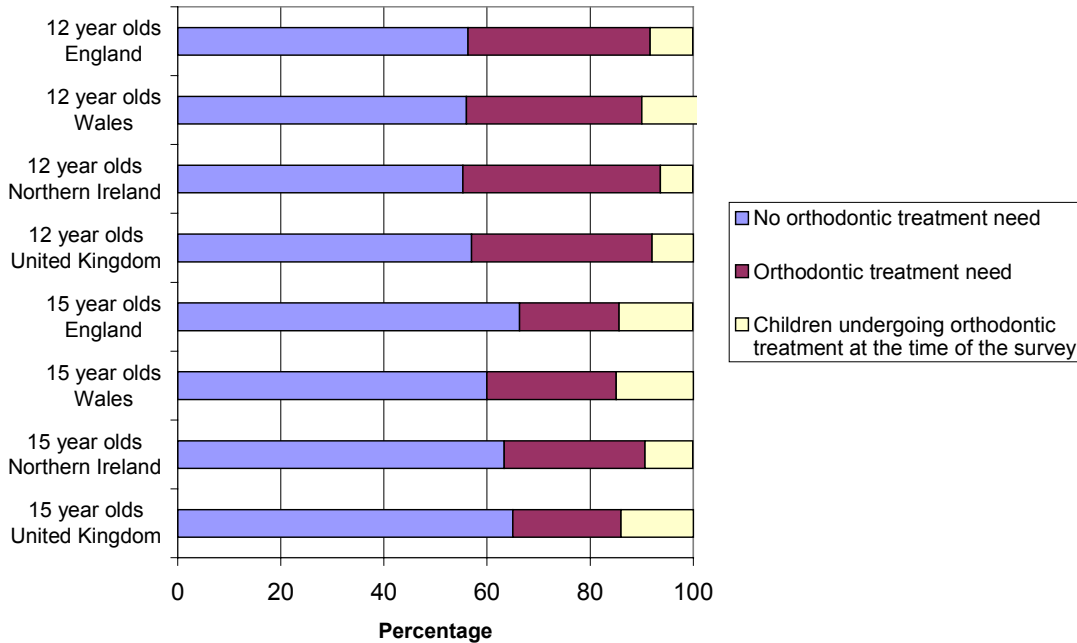
Table 6.1, Figure 6.1

Table 6.1 Orthodontic condition among 12 and 15-year-olds by country (United Kingdom, 2003)

Orthodontic condition	England		Wales		Northern Ireland		United Kingdom ^b	
	Age							
	12	15	12	15	12	15	12	15
	<i>Percentage of children:</i>							
Children undergoing orthodontic treatment at the time of the survey	8	14	11	15	6	9	8	14
Children not undergoing orthodontic treatment at the time of the survey								
In need of orthodontic treatment on Dental Health grounds alone	26	15	26	18	28	20	26	16
In need of orthodontic treatment on aesthetic grounds alone	*	*	-	1	*	*	*	*
In need of orthodontic treatment on grounds of both dental health and aesthetics	9	4	8	6	10	7	9	5
No orthodontic treatment need	56	66	56	60	55	63	57	65
<i>Unweighted sample size</i>	<i>1356</i>	<i>1116</i>	<i>559</i>	<i>482</i>	<i>462</i>	<i>380</i>	<i>2690</i>	<i>2555</i>

* Weighted bases shown for United Kingdom

Figure 6.1 Orthodontic condition by age and country (United Kingdom 2003)



Orthodontic treatment need among children not wearing an appliance

Table 6.2 shows the proportion of children, not already wearing an orthodontic appliance, who were judged in need of orthodontic treatment on the basis of the dental health component of the simplified index of orthodontic treatment need. The figures for England show that the proportion recorded as having a malocclusion who were judged in need of treatment was higher among 12-year-olds (38 per cent) than 15-year-olds (23 per cent). The proportion of 12-year-olds not wearing an appliance who had orthodontic treatment need was similar in England, Wales and Northern Ireland. Among 15-year-olds a lower proportion of English children (23 per cent) not already wearing an appliance were deemed in need of treatment compared with children in Northern Ireland (30 per cent). Differences between England and Wales among 15-year-olds were not statistically significant.

Table 6.2

Table 6.2 Proportion of 12 and 15-year-olds not undergoing orthodontic treatment at the time of the survey, with orthodontic treatment need on dental health grounds by country (United Kingdom, 2003)

Orthodontic condition	England		Wales		Northern Ireland		United Kingdom ⁸	
	Age 12	Age 15	Age 12	Age 15	Age 12	Age 15	Age 12	Age 15
	<i>Percentage of children:</i>							
Malocclusion absent	62	77	62	72	60	70	62	76
Malocclusion present	38	23	38	28	40	30	38	24
<i>Unweighted sample size</i>	1249	965	499	424	435	338	2648	2199

* Weighted bases shown for United Kingdom

The examining dentists were asked, by making reference to ten photographs, to score aesthetics on a ten point scale. A score of one represented the most attractive teeth and 10 the least attractive. Table 6.3 shows the proportion of children judged in each category. Need for treatment was indicated by a score of eight or above. Table 6.4 shows that a higher proportion of 12-year-olds, not already wearing an appliance, were scored in need of treatment on the basis of aesthetics than were 15-year-olds: 10 per cent of 12 –year-olds compared with 6 per cent of 15-year-olds.

Tables 6.3 and 6.4

Table 6.3 Visual assessment of attractiveness of teeth among 12 and 15-year-olds not undergoing orthodontic treatment (England, 2003)

Assessment of attractiveness	Age	
	12	15
	<i>Percentage of children:</i>	
1 Most attractive	13	25
2	20	24
3	19	19
4	16	12
5	11	6
6	6	5
7	5	3
8	7	4
9	3	1
10 Least attractive	*	1
<i>Unweighted sample size</i>	1249	956

Table 6.4 Proportion of 12 and 15-year-olds not undergoing orthodontic treatment at the time of the survey, with visual attractiveness assessments at grade 7 or less or grade 8 or greater (England, 2003)

	Age	
	12	15
	<i>Percentage of children:</i>	
Less than or equal to Grade 7	90	94
Greater than or equal to Grade 8	10	6
<i>Weighted base</i>	1249	956

Types of orthodontic appliance

The types of orthodontic appliance, worn by children wearing an appliance at the time of the survey examination are presented in Table 6.5. For both age groups examined in 2003, the majority of appliances were of the fixed variety, 73 per cent among 12 –year-olds and 84 per cent among 15-year-olds.

Table 6.5

Table 6.5 Types of orthodontic appliance worn by children wearing an orthodontic appliance at the survey examination (England, 2003)

Type of appliance	Age	
	12	15
	<i>Percentage of children:</i>	
Fixed	73	84
Removable	26	19
Other	3	4
<i>Base (100 per cent of children wearing an appliance)</i>	102	140
Children undergoing treatment but not wearing their appliance at the survey examination (n)	7	22

Percentages may not add to 100 as some children were wearing more than one appliance