

## Oral hygiene-Where you won't get a plaque for good performance

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### Abstract

**Background:** The two most common causes of tooth loss are periodontal disease (gum disease) and dental caries (tooth decay); dental plaque is a major contributing factor to the development of these disorders. One way to practice effective oral hygiene is to regularly clean your teeth to remove dental plaque. Although it is frequently taken for granted, dental hygiene is connected to every area of our lives. Our oral cavity serves as a window into our overall health. It may exhibit symptoms of a general infection or malnutrition. Dental hygiene is vital regardless of age, whether you are nine or ninety-nine.

**Aim and Objective:** The study's objectives were to evaluate the value of oral hygiene and go over the methods for raising different degrees of oral hygiene status.

**Conclusion:** A person's quality of life may be impacted by poor dental hygiene if they experience pain and discomfort during meals, low self-esteem, or difficulty sleeping due to tooth caries. Several things need to be done in India to improve oral hygiene, including holding numerous camps and awareness campaigns. These are crucial because people in rural regions sometimes underestimate the value of good oral hygiene.

**Keywords:** Oral Hygiene, Plaque, Dental caries, Periodontal disease.

### Introduction

*Prevention is always better than cure.* Maintaining good oral hygiene will prevent most dental issues, sparing you from toothache and expensive dental care. One of the main issues with public health is oral diseases. Dental diseases pose a serious threat to public health not only in India but throughout the world. According to the WHO, dental health is essential to overall health. Oral health can be further compromised by the rising prevalence of several chronic conditions, such as diabetes. Numerous preventative actions taken by individuals, professionals, and communities can effectively prevent most oral disorders, according to extensive research in the field of public health. The Indian government must see to it that every senior citizen receives high-quality, reasonably priced dental care. To enhance people's oral health-related quality of life, the "National Oral Health Policy" Framework should incorporate oral health with general health policy. Dental Public Health (DPH) seeks to enhance the general public's dental health by providing preventive treatments. Dentist-provided primary oral health care, the use of dental public health (DPH) staff, the function of mobile dental vans, research in DPH, and the importance of oral health are just a few of the topics covered in India.

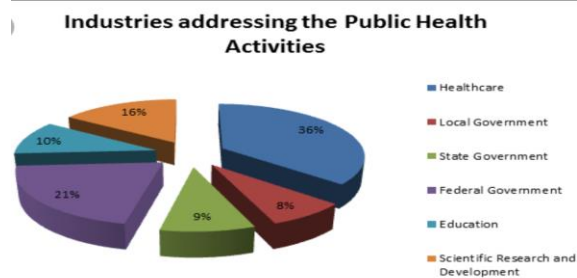
### Discussion

Over 50% of adults in India have periodontal disease, while over 95% of adults have dental caries, according to the WHO. By hiring several public health dentists in the public sector, enhancing DPH education and research, and merging oral health and general health care initiatives, more focus should be placed on preventive oral health care. In developing nations like India, oral diseases continue to be a problem, particularly for the rural populace. Dental caries and periodontal diseases are the two most frequent oral diseases in India, where the prevalence of oral diseases is extremely high.

Elders above 65 years of (old age) have health problems due to the aging process, which calls for special consideration. The incidence of plaque accumulation varies significantly between young and geriatric patients due to various factors as follows: lifestyle, physiological changes, and overall health status.<sup>1</sup>

Plaque accumulation in pediatric patients is usually caused by poor food, lifestyle, and dental hygiene habits. Poor brushing and flossing habits combined with a diet heavy in sugar and carbs cause plaque, a sticky film harboring germs, to accumulate on tooth surfaces. Habits such as smoking and excessive alcohol consumption exacerbate plaque formation and increase the risk of periodontal diseases. Comparatively, Geriatric patients experience compounded effects of age-related changes and chronic health conditions leading to high susceptibility to plaque accumulation and its associated complications. Plaque retention and bacterial growth are fostered by physiological changes such as decreased salivary flow, weakened immunity, and damaged tissue integrity.<sup>2</sup>

Additionally, age-related changes such as arthritis may hinder oral hygiene practices further promoting plaque buildup. The risk of periodontal problems is increased with



**Fig 1:** Industries addressing the public health activities

the presence of systemic illnesses such as diabetes, cardiovascular disease, and immunodeficiency disorders. In addition, older patients have higher rates of prosthetics, dental restorations, and xerostomia—all of which act as extra surfaces on which plaque might adhere. Furthermore, tooth mobility and root surface exposure frequently accompany the advancement of periodontal disease in elderly individuals, which might have an effect on masticatory performance, dietary intake, and general quality of life. Addressing plaque accumulation in both young and geriatric populations necessitates a multifaceted approach encompassing patient education, preventive interventions, and tailored therapeutic strategies.

Regular dental visits for professional cleanings and comprehensive examinations are paramount in detecting and addressing early signs of plaque-related pathology. Similarly, in geriatric patients, dental professionals should prioritize patient education regarding the importance of oral hygiene practices to accommodate age-related limitations such as adaptive aids to facilitate optimal plaque removal. Comprehensive geriatric assessments should encompass an evaluation of systemic health status, medication history, and functional capacity to address predisposing factors contributing to plaque accumulation.<sup>3</sup>

In conclusion, while the incidence of plaque accumulation manifests in young and geriatric patients, its management remains the cornerstone of preventive dentistry and holistic healthcare across the lifespan. By addressing modifiable risk factors, implementing evidence-based interventions, and fostering collaborative partnerships between patients and dental providers, the detrimental effects of plaque accumulation can be mitigated, promoting oral health, systemic well-being, and overall quality of life for individuals of all ages.

Understanding the prevalence and contributing factors of oral diseases as well as promoting, encouraging, and educating oral health in a variety of communities are the primary goals of public health dentistry.

#### **Role of Dental Tourism in promoting public health:**

1. Improving Oral health through Mobile Dentistry.
2. Dental Tourism and Public Health
3. NTCP (National Tobacco Control Programme) - The Government of India piloted the National Tobacco Control Programme (NTCP) in 2007–2008 to reinforce the execution of the Tobacco Control Act (Copa) and the tobacco control policies required under the World Health Organization Framework Convention on Tobacco Control.

Positively, there are instances of community-level tobacco control campaigns across the nation; numerous states have reported having smoke-free villages and educational institutions. Tobacco control, particularly cessation, has been included in the undergraduate medical and dental curricula. This has been done to provide graduates of these fields with the necessary abilities. Because oral cancer risk increases with age, as dentists, we are aware that patients may not be aware of this. The most prevalent causes of oral cancer are

human papillomavirus (HPV) infection, alcohol drinking, and tobacco use. It is crucial to inform patients who may be at risk about the symptoms, which might include tumors, ulcers, and reddish-white patches over the tongue or mouth lining.

Explain to your patients about the importance of early diagnosis, which is the key element for detecting and keeping the disease aloof. Advise the patient about the importance of regular dental checkups for screening of Oral cancer, especially if he is a heavy drinker or a chain smoker.

Spare your time to discuss with them their concerns to determine the best treatment options that will help them keep up their oral health and hygiene throughout their lifetime.

Unquestionably, oral health education is important in terms of availability as well as willingness to seek treatment. Additionally, it empowers the community and promotes the target health population's active involvement in initiatives that promote oral health.

#### **Public-Private Partnerships**

All Indians must have access to universal health care through the promotion of public-private partnerships. Rather than concentrating on proximal determinants through isolated vertical programs, improvements in the distal determinants of health, such as social, economic, and political disparities, through comprehensive partnerships, could help in improving the overall health condition of the nation.<sup>4</sup>

#### **Community Oral Health Programs**

Programs for oral health in the community are different from those for individual treatment in that they prioritize the population, especially those who are unable or do not have access to care. One important component of effective community oral health programs is community participation. Only with community involvement will it be possible to emphasize the significance and scope of oral health requirements in a community, comprehend the viability and acceptance of innervations, and foster trust among individuals.<sup>5</sup>

Dental health in addition to helping children's oral health, education in schools, particularly in rural regions where dental myths are more prevalent, also sets the stage for future generations to take better care of their teeth.

It is imperative to prioritize timely periodontal maintenance due to India's growing aging population.

Moreover, **National Periodontist Day** is celebrated on **23rd February** making the day "**Indian Society of Periodontology**" was formed with the primary aim of promoting and enhancing the knowledge and science of periodontology in India.

#### **Myth of the society towards oral health disease:**

Dental health doesn't affect overall health.

Karl Marx believed that society is divided into two main groups:

1. The Ruling Class
2. The Working Class

The ruling class, or the uneducated, are not aware of the existence of oral health issues and do not even show concern for their oral health diseases because they are not conscious of their surroundings and do not adhere to the knowledge that oral health problems are a major concern for society. They accept the fact that SCALING weakens our teeth and increases sensitivity with much uncertainty.

They must even know that **Scaling** helps in removing calculus and prevents gum bleeding. Pregnant woman can also go and visit their dentist for their dental check-up to prevent their oral health problems during their second trimester.

So, the day of **National Periodontist Day** must be celebrated every year to have a very good impact on oral health diseases and held to promote the knowledge and importance of healthy gums and make people aware of oral health diseases.

### Factors to Implement Health Education Strategies:



### Conclusion

It is imperative to overcome the numerous obstacles preventing Indians from having equitable access to dental care.

1. We require robust dental health care initiatives. Like in other industrialized nations, the government ought to integrate oral health programs with family welfare initiatives.
2. To educate people about the risks associated with self-medication, DPH education programs must be put into place as soon as possible.
3. While the use of Mobile Dental Vans (MDVs) is essential for treatment camps, preventative care should also be prioritized.
4. And finally, for this nation's oral health to be on a level with overall health, political, social, organizational, and professional commitment and support are required.

### Source of Funding

None.

### Conflict of Interest

None.

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