

ADA NSW POSITION ON POTENTIALLY PREVENTABLE DENTAL HOSPITALISATIONS IN CHILDREN

Background

Potentially preventable dental hospitalisations (PPDHs) are general anaesthetic procedures for dental treatment, where hospitalisation could have been avoided through primary prevention of oral disease or by the provision timely and adequate non-hospital care.¹

The rates of PPDHs are highest for young children and the main cause of admission is tooth decay. Young children with severe tooth decay and/or oral infection are usually unable to tolerate all the necessary treatment in a dental clinic setting. The rate PPDHs is indicative of the prevalence of dental disease and represents a significant burden on children, their families and the health system.

A recent report in Victoria¹ showed that the three main factors associated with higher rates of PPDH in young children, were lack of access to community water fluoridation, poor availability of oral health professionals and lower socio-economic status. Aboriginality is associated with higher oral care needs in children in all geographic settings.²

Remoteness has also been identified as a contributing factor to PPDHs due to a combination of lack of availability of oral health professionals, lower socio-economic status of the population, and availability and proximity of emergency departments.³ These findings are consistent with international data. For children under 10 years of age, PPDHs can be a useful measure of the impact of both primary prevention and health service systems on levels of tooth decay.^{1,4}

ADA NSW Position

ADA NSW believes that access to general anaesthetic treatment for children should be based on individual need, considering age, social circumstances and treatment needs as determined by appropriate oral health professionals. When necessary, these services should be delivered equitably to at-risk individuals.

In order to address the growing PPDH rates, equitable access to primary oral care services should remain a fundamental right to all Australians. ADA NSW advocates for primary and secondary prevention of tooth decay including:

- Community water fluoridation – both maintaining existing fluoridation and extending into non-fluoridated communities where feasible
- Dental visits – recommending dental visits start at an early age (ideally by 1 year of age) and continuity of care extending throughout life
- Child Dental Benefits Schedule – continuing this Commonwealth-funded scheme for eligible children aged 2-17 years as a way of improving access to timely oral care.⁵

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- Targeted preventive strategies for high risk individuals and groups. High risk groups include those of low socio-economic status, from non-fluoridated communities, from rural and remote geographic regions and Aboriginal and Torres Strait Islander peoples.
- Proven primary prevention strategies including maternal oral health screening, school-based toothbrushing programmes and targeted oral health promotion interventions. The Early Childhood Oral Health Programme (NSW Health)⁶ should be fully supported by all health professionals.
- Oral health strategies and initiatives integrated into all childhood health and wellbeing programs to reduce social and economic inequality and influence the environment in which children live and grow.⁷⁻⁹

Facts:

- Almost 18,000 individuals were hospitalised in NSW for potentially preventable dental causes in 2016-17 with 1/3 of those under 9 years of age¹⁰ and children as young as 1 year of age being admitted
- In NSW, the highest rates of admission are for 5 to 9-year-olds (4141 in 2016-7) followed by 0-4 years of age (1871 in 2016-7)¹⁰
- Across all age groups in NSW – dental conditions were the second highest cause of preventable hospitalisations (following cellulitis)¹⁰
- In the 5-9 year age group in NSW – dental conditions were the highest cause of preventable hospitalisations (almost double the rate for asthma and 4 times higher than ear, nose and throat infections)¹⁰
- In the 0-4 year age group in NSW – dental conditions were the second highest cause of preventable hospitalisation (following ear, nose and throat infections)¹⁰
- PPDH rates in Australia have increased significantly in the last 15 years and are highest in remote areas and for Aboriginal and Torres Strait Islander children.²
- 9% of all potentially preventable hospitalisations nationwide are attributed to dental causes.²

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