



Rationale

Oral health is a significant contributor to the burden of disease in Australia, with oral diseases among the most common and costly to our society. Oral conditions are the third highest cause of preventable hospital admissions, with more than 63,000 Australians hospitalised each year.¹ National expenditure in Australia on oral health ranks second highest after cardiovascular disease at \$8.3 billion (2012–13). Unlike other chronic diseases, oral health is largely unique in that individuals carry the burden of the majority (58%) of these costs.² In 2012–13, 18.8% of individuals reported avoiding dental care due to concerns about financial costs.¹

As a result, there are significant health inequities in regard to the burden of oral disease, which is carried heavily by individuals of lower socioeconomic status (particularly those who are uninsured),³ Aboriginal and Torres Strait Islander peoples, individuals with mental illness (due partly to medication side effects such as xerostomia)⁴ and people living in rural and remote areas.

Early childhood caries are recognised to be prevalent and a significant predictor of adult caries.⁵ In 2010, 55% of those aged 6 years had experienced tooth decay and 48% of those aged 12 years had decay in their permanent teeth.² Up to 27% of individuals aged older than 15 years have reported that they had felt uncomfortable about the appearance of their teeth,² with consequent social and psychological effects.

The most prevalent oral health issues in Australia are dental caries, periodontal disease and oral cancers.² Despite the prevalence and cost of these conditions, there is evidence that medical practitioners receive inadequate training in oral health.⁶

There is increasing evidence for poor oral health being a contributing factor to the risk of a number of conditions, particularly ischaemic heart disease,⁷ pre-term delivery⁸ and poor glycaemic control in type 2 diabetes.⁹ Poor oral health has similar risk factors to the most prevalent chronic diseases in Australia, namely cigarette smoking, poor diet (particularly high intake of sugar-sweetened beverages) and low socioeconomic status. Other important risk factors include inconsistent tooth brushing behaviours and lack of access to fluoridated water.^{5,9,10}

In 2014, general practitioners (GPs) were consulted by 83% of the Australian population aged older than 15 years in the previous 12 months.¹¹ GPs are therefore well placed to provide education and advice around effective preventive oral health promotion strategies. Prevention is thought to be the most cost-effective way to reduce the burden of oral disease in Australia. Routine review of general oral health in infants and young children by GPs is recommended, with encouragement to attend dental reviews to reduce the risk of adverse outcomes.¹²

Generally, GPs receive little training in oral health and evidence suggests that lack of dental knowledge may hinder appropriate referrals. Delays in appropriate management of mild to moderate dental infections and trauma as a result

may not be viewed as priorities, which can lead to adverse impacts for patients, including unnecessary cost, pain and suffering.⁶ GPs report regularly being consulted on dental issues, often by patients of lower socioeconomic status, and there is recognition of professional discomfort in managing these conditions due to the commonality of inadequate training. Research suggests that, as a result, antibiotics are commonly prescribed for patients, which is often not in line with guidelines.¹³

Important skills and knowledge for GPs to maintain in this area include:

- assessment of dental pain (eg understanding the role of heat and cold sensitivity, associated swelling and tenderness to touch, distinguishing temporomandibular joint, ear pain and trigeminal neuralgia from dental pain)
- management of dental trauma (eg avulsed teeth)
- assessment and management of bleeding gums and dental infections
- advice on prevention, particularly for children
- advice on need for prophylaxis prior to dental surgery
- identification of oral mucosal lesions.

Related contextual units

PC16 Pregnancy care

PM16 Pain management

PS16 Psychological health

References

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Useful oral health resources and tools

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Glossary

Nil