

## **An over view of oral disease prevention.**

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### **Abstract**

**Dietary effects on oral cancer and oral infectious diseases, for example, are linked to oral health in a variety of ways. Dental disorders have a major effect on self-esteem and quality of life, and they are costly to manage. During growth, diet has an impact on the teeth, and malnutrition can worsen periodontal and oral infectious diseases. The local action of diet in the mouth on the growth of dental caries and enamel degradation is, however, the most important influence of feeding on teeth. Dental degradation is on the rise, and it's linked to dietary acids, which soft drinks are a big source.**

**Keywords:** Oral Health, Diet, Nutrition, Dental Diseases.

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### **Introduction**

Dental caries, enamel lesions, dental decay, and periodontal disease are examples of dental diseases. Dental caries is the leading cause of tooth loss, and diet plays an important part in this. Dietary components may contribute to the production of enamel defects, and dietary components play a major aetiological role in dental degradation, which appears to be on the rise [1]. Diet and nutrition, on the other hand, play a minor role in the aetiology of periodontal disease (gum disease), another cause of tooth loss in adults in western cultures [2].

### **Dental infections are a huge problem**

Dental disorders are a significant financial burden on health-care systems. Dental caries therapy is costly for governments of both developed and emerging nations, costing between 5% and 10% of overall health-care costs in developed countries, surpassing the expense of treating cardiovascular disease, cancer, and osteoporosis. The incidence of dental caries is high in most developed low-income countries, with more than 90% of caries going untreated [3].

### **Dental conditions have a detrimental effect on one's quality of life.**

Given the fact that dental disorders have a low mortality rate, they have a major effect on self-esteem, feeding capacity, diet, and wellbeing of both children and adults. Teeth play an important part in helping people to consume a diverse diet and in preparing food for digestion [4]. The most critical role of teeth in contemporary culture is to strengthen beauty; facial appearance is very important in assessing an individual's social integration.

### **Discussion and Conclusion**

It is vital that a recommended maximum level for free sugar consumption be identified, and when a population's free sugar consumption is low, dental caries levels are also low. Population targets enable communities' oral health risks to be measured and health promotion goals to be tracked [5].

Low-sugar/sugar-free alternatives to goods high in free sugars, such as beverages, can be developed forever. Soft drink manufacturers

should also consider ways to reduce the erosive potential of their products [6].

Oral health education should be incorporated into nutrition education in schools and antenatal classes, if available, and should be based on sound, non-biased evidence.

Individuals should be advised to eat foods containing free sugars no more than four times a day, thus limiting the amount of free sugars ingested. Individuals should be advised to brush their teeth twice a day with fluoride toothpaste in countries where it is available/affordable.

## Reference

1. Sheiham A. Dietary effects on dental diseases. *Public Health Nutrition*. 2001; 4(1): 569–91.
2. Wang HY, Petersen PE, Jin-You B. The second national survey of oral health status of children and adults in China. *Int Dentl J*. 2002;52(2): 283–90.
3. Petersen PE, Hoerup N, Poomviset N. Oral health status and oral health behaviour of urban and rural schoolchildren in Southern Thailand. *Inter Dental J*. 2001; 51(1): 95–102.
4. Petersen PE, Kaka M. Oral health status of children and adults in the Republic of Niger. *Africa Int Dntl Jrnl*. 1999; 49(1): 159–64.
5. World Health Organization. *Global Oral Health Data Bank*. Geneva: World Health Organization. 2001.
6. Chen M, Andersen RM, Barmes DE. *Comparing Oral Health Systems. A Second International Collaborative Study*. Geneva: World Health Organization. 1997.

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