

Prevention is Always Better than Cure

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Preventive dentistry is what every dentist and periodontist aims for. A hospital-based study in Nepal showed that staggering 52.5% suffered from gingivitis and 47.5% suffered from periodontitis (28.3% localised, 18% generalised).¹ The two major risk factors for various periodontal diseases that can easily be prevented are: tobacco smoking and dental plaque.

Globally more than seven million people are dying each year by tobacco.² Despite top 90% of tobacco packaging covered by warning labels with hazards of tobacco use (70% pictorial, 20% statutory text warning), the adult smoking prevalence in Nepal is still high (18%, STEPS survey 2012-2013).² There is strong dose-dependent influence of smoking on periodontal health and disease with increased pocket depth, clinical attachment loss, alveolar bone loss and tooth mobility in smokers compared with non-smokers.^{3,4} Smoking not only impacts the outcome of non-surgical periodontal therapy but also surgical therapy and long term success of dental implant placement.⁴

Regular brushing is the backbone of oral health practice by which an individual removes dental plaque and thus controls dental plaque related oral diseases like gingivitis,

periodontitis and dental caries. There is a dose-response relationship between dental plaque removal and brushing time, i.e., plaque removal increases as there is increase in the duration of tooth brushing. Meticulous tooth brushing once a day is sufficient but majority of patients are unable to achieve sufficient plaque removal by performing oral hygiene measures at home.⁵ Hence, oral health care professionals generally recommend two to three minutes of regular brushing with standard tooth-brushing techniques twice a day.^{6,7} However, most individuals spend less than 60 seconds (s),⁸ i.e., with a range of 30 to 60 seconds with an average closer to 45 seconds.⁶

As a periodontist, it is disheartening to see periodontal diseases still rampant in Nepalese population especially the ones that can be prevented by simply taking few extra minutes to explain patients the ill-effects of tobacco smoking on oral health, and assist in tobacco cessation programs. Likewise, encouraging patients for biannual regular dental check-ups would definitely increase the chances of oral hygiene practices to improve. Though some major steps should be taken for oral hygiene education from the government, which sadly in our scenario is lacking, from our level also we can efficiently contribute to healthier oral hygiene practices. Efforts should be made on tobacco cessation, brushing with right technique and optimum brushing duration.

It is highly recommended that as a clinician we not only treat the condition but also spend some extra time to motivate the patient and instill good oral hygiene habits and practices among individuals we encounter both in professional as well as personal life.

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