

IN BRIEF

- Dental pain is a public health problem that affects 28% of the UK adult population.
- Amongst those reporting dental pain, young men from lower socio-economic groups are less likely to access professional dental treatment, and more likely to report dental treatment need.
- The dental needs of this particular group should be addressed if the Government is to live up to its commitment to reducing oral health inequality and improving access.


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Dental pain: demographic correlates

Demographic and socio-economic correlates of dental pain among adults in the United Kingdom, 1998

A. Pau,¹ R. E. Croucher² and W. Marcenes³

ABSTRACT

Objective

To report the demographic and socio-economic correlates for dental pain in UK adults, and characterise those with dental pain who did not access dental services and perceived treatment need.

Design

Secondary analysis of the 1998 UK Adult Dental Health Survey data.

Setting Survey of random sample of UK households between September and December 1998.

Subjects and methods

Face-to-face interviews with community-dwelling adults, aged 16 years and over.

Main outcome measures

Self-reported dental pain in the past 12 months. Dental attendance and perceived treatment need of those reporting dental pain.

Results

Of the 4,942 valid responses, 46.1% were men, the proportion of subjects in each 10-year band age group up to 65 years ranged from 10 to 23%, and 42.6% were manual workers. Dental pain was reported by 28%. After controlling for gender and age, manual workers were more likely to report dental pain (OR = 1.21, 95% CI = 1.06-1.37), non-utilisation of dental services (OR = 1.43, 95% CI = 1.12-1.82), and perceived treatment need (OR = 1.28, 95% CI = 1.03-1.60).

Conclusions

Inequality by social class, age and gender exists in the experience of dental pain, access to dental services and perceived treatment need in the UK adult population. Dental health services need to address the needs of this particular section of the population if the Government is to live up to its commitment to reducing oral health inequality and improving access.

EDITOR'S SUMMARY

Dental pain is a common complaint and can significantly affect the quality of life of the sufferer, particularly if the pain is ongoing and untreated. Being unable to eat normally without experiencing pain is distressing and naturally affects the patient's wellbeing over a period of time, and dental pain is therefore increasingly being recognised as being an important factor in oral health status. Given that it is acknowledged that inequalities in oral health and access to dentists exist in the UK, it is perhaps surprising that no studies have so far looked at whether experience of dental pain also varies across different demographics. This paper by Pau *et al.* is the first to report the demographic and socio-economic distribution of dental pain in the UK.

By analysing data from the 1998 Adult Dental Health Survey, the study found that 28% of the sample reported dental pain. The study also attempted to characterise those respondents with dental pain who perceived that they had a need for dental treatment but did not use dental services, in order to assess whether inequality existed. Men, younger adults and those in a manual social class were shown to be most likely to fall into this category, with those in the manual social class significantly more likely to report dental pain, a perceived need for treatment and dental non-attendance after controlling for age and gender.

The paper therefore confirms the existence of demographic and socio-economic inequalities in oral health and dental access in the UK and adds further to the body of evidence suggesting that barriers to access, whether perceived or experienced, exist amongst some groups. These barriers must be identified in order to provide dental services that are equally available to all. One wonders how many more studies will be required before those responsible for planning our dental health services finally sit up and take notice.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 9.

Rowena Milan,
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FULL PAPER DETAILS

¹Senior Lecturer, ²Professor of Community Oral Health, ³Professor of Oral Epidemiology, Centre for Adult Oral Health, Institute of Dentistry, Barts and The London, Queen Mary's School of Medicine and Dentistry, Queen Mary, University of London, Turner Street, London, E1 2AD

*Correspondence to: Dr Allan Pau
Email: a.k.pau@qmul.ac.uk

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AUTHOR QUESTIONS AND ANSWERS**Why did you undertake this research?**

Increasingly, dental pain is regarded as an important indicator of oral health status and quality of life. However, its epidemiology is poorly documented. This paper reports the results of an analysis carried out on some dental pain data collected in the UK 1998 Adult Dental Health Survey. This analysis was carried out to describe the distribution of dental pain according to sex, age groups and socio-economic status as measured by occupation. Amongst people reporting dental pain in the previous twelve months, the analysis also sought to profile those who did not use professional dental services and those who perceived a need for dental treatment if they were to visit a dentist tomorrow. The reasons for undertaking this analysis were to explore and demonstrate inequalities in the distribution of dental pain, access to professional dental care and perceived treatment need, and to emphasise the need to address these issues.

What would you like to do next in this area to follow on from this work?

To follow on from this work it is crucial to explore why younger male adults from lower socio-economic groups are less likely to use professional dental services for their dental pain, so that interventions may be designed to improve access for this group of people. This should include an evaluation of the socio-cultural circumstances in which dental attendance is practised and the impact of the health system on dental attendance. Further research is also necessary to validate whether self-reported perceived need for dental treatment is correlated to dental need as determined by clinical examination. Since most dental pain is a consequence of caries, it is important to identify strategies to prevent caries in this vulnerable group.

COMMENT

The need for treatment to prevent pain or the need to have someone who can deal with it is one of the reasons why dental practices exist. This paper puts a figure on oral pain; 28% of adults in the previous 12 months had it according to the most recent Adult Dental Health Survey. Oral pain in a quarter of the population every year is a public health problem, but as the potential end point of dental disease, it is also fundamentally important for primary dental care.

This paper takes a very direct and straightforward approach to investigate the 'who' of toothache. Who gets it? The slightly misleading answer seems to be 'younger people from manual backgrounds'. This combination identifies a section of the population who do not use health services and who tend to have poor oral health behaviours, so preventing pain and delivering pain relief is something of a challenge. However, it would be wrong to interpret these findings as relating only to this group. A lot of people in all population groups suffered from oral pain, and oral pain is the most consistent negative influence on oral health related quality of life.¹ This research is a start, but if we are going to reduce pain we will need to know the what, the where, the why, and perhaps particularly the 'how much does it cost?'

For clinicians, one of the consistent irritations of epidemiological research in orofacial pain is a lack of a clear diagnosis. 'Painful aching in the mouth' could cover a number of conditions that are not toothache at all, not least temporomandibular disorders. The data are necessarily imprecise and it is difficult to draw any firm conclusions about treatment needs. This lack of precision might not matter too much at this stage. From the point of view of the patient, what matters is the pain, and there is clearly still an awful lot of it.

J. G. Steele, School of Dental Sciences, University of Newcastle upon Tyne

1. Nuttall N M, Slade G S, Sanders A *et al*. An empirically derived population-response model of the short form of the Oral Health Impact Profile. *Community Dent Oral Epidemiol* 2006; **34**: 18-24.