Socialstyrelsen

2026-05-26
Art.nr: 2026-5-10293

Statistics on Dental Health 2025

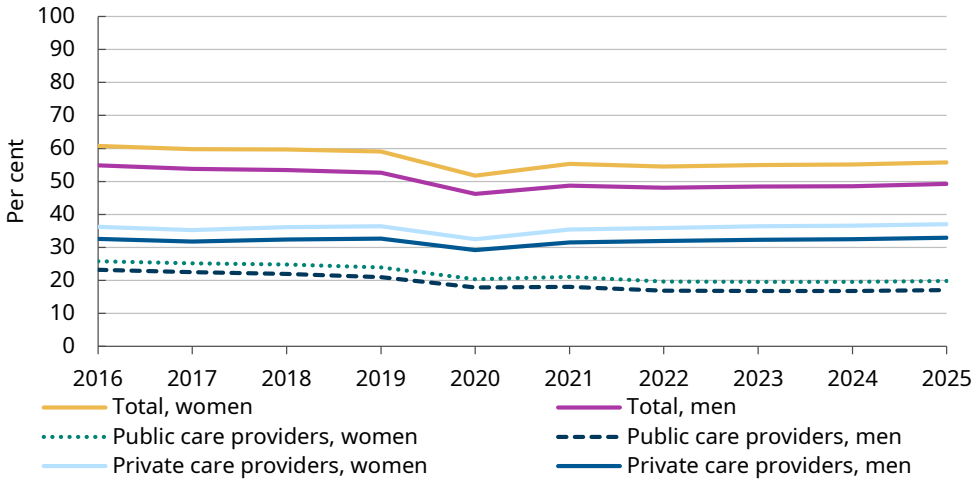
More than 4 million people aged 20 and over received dental care within the national dental subsidy scheme in 2025. Over the last ten-year period, the proportion of people who visited dental services declined, although it remained relatively stable over the last three year-period. The decrease between 2016 and 2025 occurred across all age groups except those aged 85 and over, whose use of dental services increased. Patterns of attendance and rates of decline also varied between healthcare regions, with the Northern Healthcare Region generally showing both the lowest attendance and the largest decline. The interval between regular examinations increased over the last decade, particularly within the Public Dental Service and in the Northern Healthcare Region. Dental health, measured by the number of remaining and intact teeth, has generally improved during the last ten years. However, regional differences remain. The Northern, Southern and Southeastern Healthcare Regions showed poorer dental health across all age groups.

Overall attendance changed little, but fewer people used public dental services

In 2025, 4,200,089 people aged 20 and over visited dental services: 2,247,220 women and 1,952,869 men. This corresponds to 54.7 per cent of women and 47.7 per cent of men in the population. Women thus used dental services to a slightly higher extent than men. This gender difference can also be observed in the population aged 24 and over throughout the period 2016–2025 (Figure 1). The proportion of people visiting dental services increased by around 1.7 per cent over the last three years. However, over the ten-year period, attendance decreased among both women and men, with a slightly greater decrease among men (10.1 per cent compared with 8.1 per cent for women). In 2025, just over one-third of the population visited a private healthcare provider, while just under one-fifth used public dental services. Between 2016 and 2025, the proportion using public dental services fell by 26.5 per cent among men and 23.2 per cent among women. During the same period, attendance at private providers increased slightly: 1.1 per cent among men and 2.2 per cent among women.

Figure 1. Proportion of the population aged 24 and over who visited dental services, overall and by provider category, 2016–2025

Age-standardised rates per year



Source: Dental Health Register, National Board of Health and Welfare

Largest decline in the Northern Healthcare Region

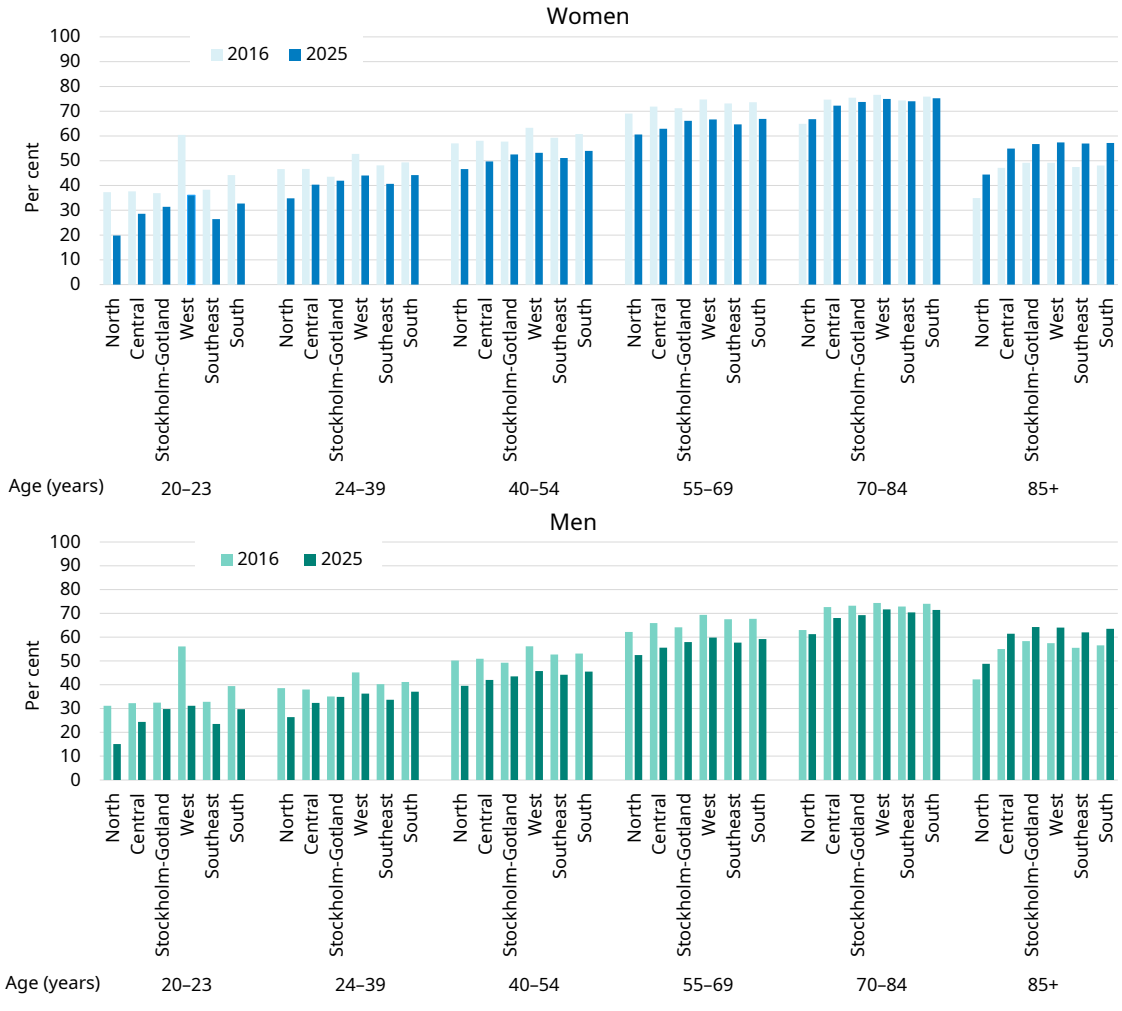
The proportion of the population visiting dental services, regardless of procedure, varied considerably between age groups and healthcare regions (Figure 2). From the youngest age group (20–23 years) to the second oldest (70–84 years), attendance increased with age. The highest attendance rates were seen among people aged 70–84: approximately 70 percent of the age group visited dental services. However, attendance among those aged 85 and over was lower, with around 50 percent visiting dental services[1], at levels comparable to women aged 40–54 and men aged 55–69 in 2025. This oldest age group was also the only group to show increased attendance between 2016 and 2025 across all healthcare regions, with the largest increase in the Northern Healthcare Region.

The Northern Healthcare Region generally had the lowest attendance rates across most age groups in both 2016 and 2025. One exception was some younger age groups in 2016, when the Stockholm-Gotland Healthcare Region recorded the lowest rates.

[1] Dental care is provided not only within the national dental subsidy scheme, but also through regionally financed dental care support schemes, including dental care subject to healthcare fees, necessary dental care, dental care provided as part of medical treatment, and dental care for long-term illnesses or disabilities. The use of these support schemes varies according to age and need. Statistics relating to the national dental subsidy scheme therefore do not provide a complete picture of dental care use in the population.

The Northern Healthcare Region also showed the largest declines in several age groups. Among people aged 20–84, attendance fell across all healthcare regions, although rates among those aged 70–84 remained relatively stable between 2016 and 2025. The largest decrease was observed among people aged 20–23, particularly in the Northern and Western Healthcare Regions, where attendance fell by around 50 per cent. Among those aged 24–54, the Northern Healthcare Region again showed the largest decrease, with attendance falling by around 20–25 per cent over the period. The smallest differences between 2016 and 2025 among people aged 20–69 were observed in the Stockholm-Gotland Healthcare Region.

Figure 2. Proportion of the population aged 20 and over who visited dental services in 2016 and 2025, by gender, age group and healthcare region



Source: Dental Health Register, National Board of Health and Welfare

Healthcare regions
This fact sheet presents statistics by healthcare region. A healthcare region is a collaborative structure for the use of regional healthcare resources. Sweden has six healthcare regions: North, Central, Stockholm-Gotland, West, Southeast and South. Each healthcare region also has at least one regional hospital [1].

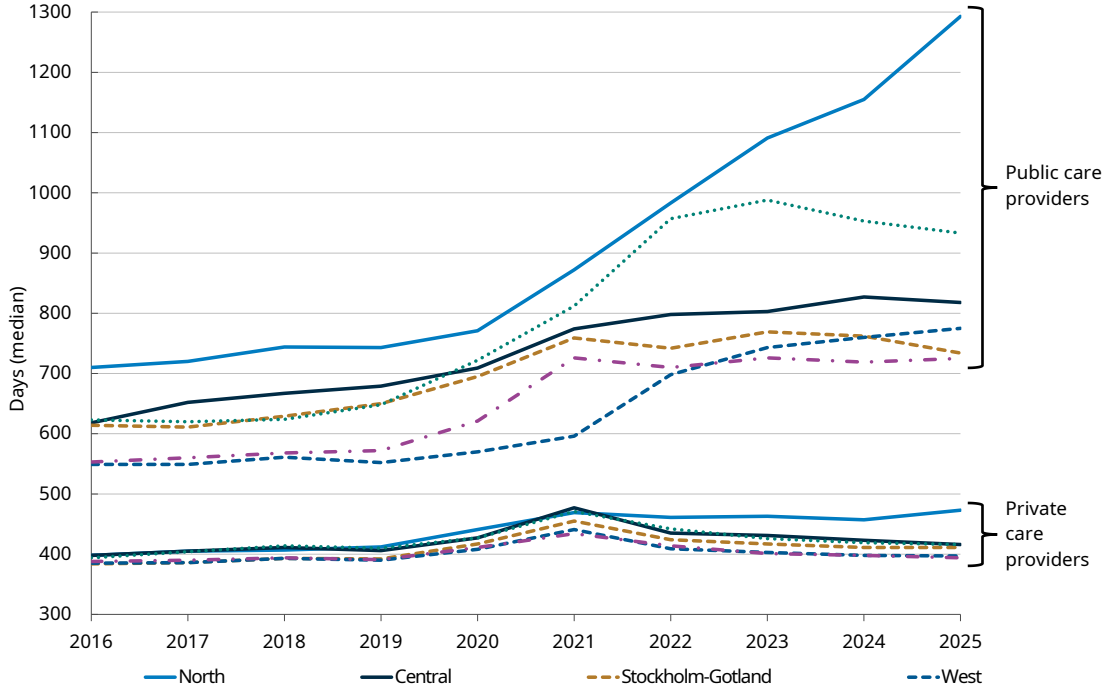
Which age groups are covered by the national dental subsidy scheme?
The age limit for free dental care has changed several times since the Dental Health Register was established in 2008. Between 2017 and 2019, the age limit was gradually raised from 19 to 23 years. In January 2025, it was lowered again to 19 years. As a result, the register's coverage of dental visits and dental health among young adults has varied over time. Some statistics in this publication include people aged 20 and over at the time of the dental visit, while others include only people aged 24 and over to enable comparisons over time. The 20–23 age group is reported separately in the figures, despite being significantly smaller than other age groups, because it is once again included in the Dental Health Register from 2025.

Longer intervals between regular examinations

The number of days between two regular examinations has increased since 2016 (Figure 3), with clear differences between provider categories (public or private dental care) and healthcare regions. Intervals between examinations are generally longer within public dental care than private dental care, averaging 735 days compared with 416 days, respectively. The largest increases within the public dental care since 2016 occurred in the Northern and Southeastern Healthcare Regions. In the Northern Healthcare Region, the interval increased by 82 per cent, from 710 to 1,293 days, while the Southeastern Healthcare Region saw a 50 per cent increase, from 623 to 933 days. However, in the Southeastern Healthcare Region, the interval between two regular examinations decreased over the last two years. Within private dental care, intervals between examinations also increased across all healthcare regions during the period, although less markedly than within public dental care. In the Northern Healthcare Region, the interval increased by 19 per cent between 2016 and 2025, from 398 to 473 days.

Figure 3. Time between regular examinations by healthcare region, 2016–2025

Median interval in days between regular examinations. See the fact box for a more detailed description of how the statistics were produced. Note that the vertical axis starts at 300 days.



Source: Dental Health Register, National Board of Health and Welfare

Table 1. Number of intervals included in Figure 3, 2016–2025.

The columns for public and private dental care show the number of examination intervals included for each healthcare region during the period 2016–2025. "Sum" refers to the combined total for public and private dental care, while "Total" refers to the total number of intervals when the data are not presented by healthcare provider category. The difference between the two columns on the far right is mainly due to individuals switching between healthcare provider categories during the time period; these are not included in Figure 3.

Healthcare region	**Public care providers**	**Private care providers**	**Sum** (public and private healthcare providers)	**Total** (not presented by healthcare provider category)
North	518,746	1,499,777	2,018,523	2,146,245
Central	1,950,334	3,474,831	5,425,165	5,618,056
Stockholm-Gotland	1,432,330	4,477,107	5,909,437	6,160,540
West	2,305,472	3,445,371	5,750,843	5,916,455
Southeast	877,419	1,936,161	2,813,580	2,909,556
South	1,555,357	3,816,430	5,371,787	5,551,336

Source: Dental Health Register, National Board of Health and Welfare

Statistical terms related to dental health
According to Swedish law, the main objective of the dental health care system is good dental health and equal access to dental care for the entire population (*Tandvårdslag* (1985:125)).

Remaining tooth: A tooth with a natural root that is either partially erupted or has a visible root. Wisdom teeth are included. Depending on whether wisdom teeth are erupted or have visible roots, a person can have up to 32 remaining teeth.

Intact tooth: A remaining tooth without dentine damage requiring treatment. It must also be free from fillings or prosthetic replacements.

DMFT (decayed, missing and filled teeth): A measure of dental health calculated by subtracting the number of remaining intact teeth from 32 (the maximum possible number of teeth). DMFT hence indicates the number of decayed, missing or repaired teeth. The lower the DMFT value, the better the dental health.

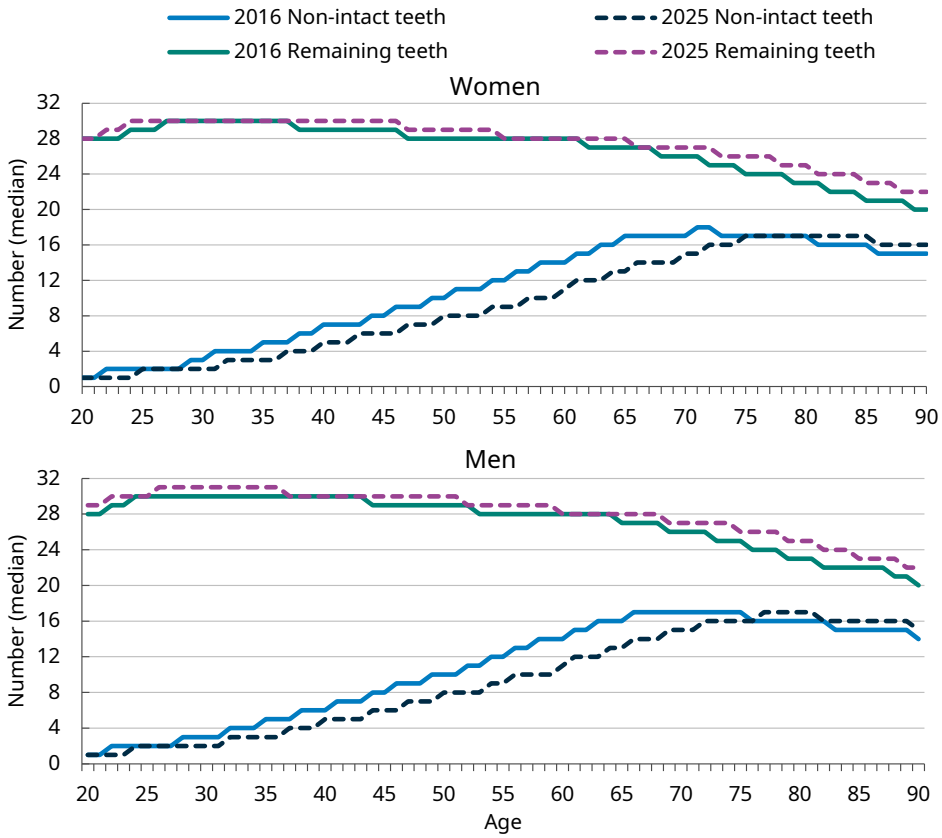
Dental health has improved over the last ten years

The number of remaining and intact teeth provides a broad but robust measure of dental health in the population [2]. Based on these measures, dental health improved among both women and men who visited dental services between 2016 and 2025 (Figure 4A–B). The increase in the number of remaining teeth was most evident among older age groups, particularly those aged over 70. Among younger people, however, little or no change was observed during the period.

The number of non-intact teeth decreased over the period, indicating improved dental health among those who visited dental services during these years. The largest decrease was observed among people aged approximately 50–70. For example, men and women aged 65 in 2025 had three and four more intact teeth, respectively, than 65-year-olds in 2016. However, among people older than 75, no decrease was observed between 2016 and 2025. Instead, the number of non-intact teeth increased slightly.

Figure 4A–B. Number of remaining and non-intact teeth by gender and age (20–90 years), 2016 and 2025

Median values.



Source: Dental Health Register, National Board of Health and Welfare

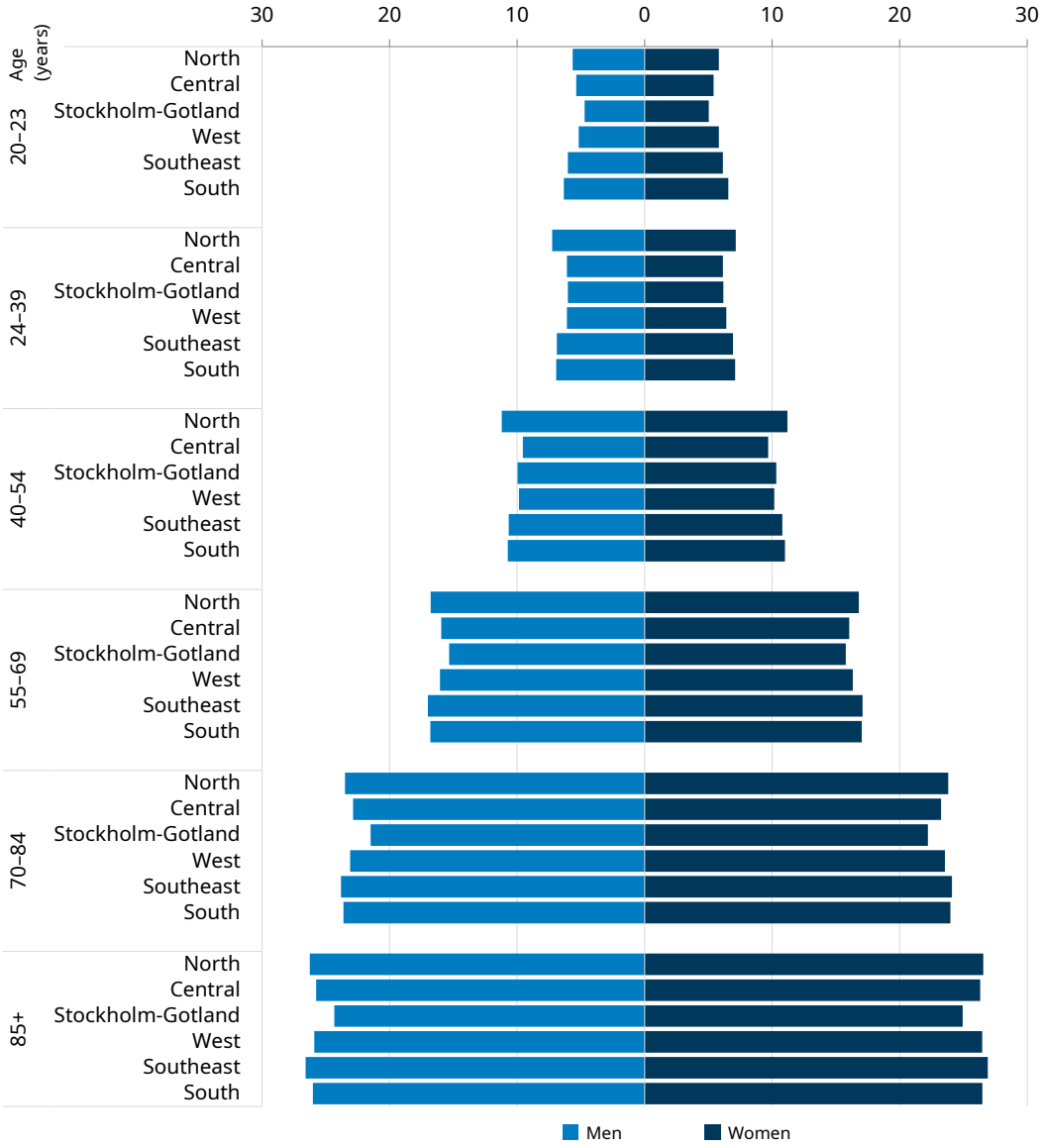
Best dental health in the Stockholm-Gotland Healthcare Region

Another measure of dental health is DMFT – the number of teeth that are decayed, missing or filled (see fact box). DMFT generally increases with age. People aged 20–23 have an average DMFT of just under 6, corresponding to almost 20 per cent of all teeth, while people aged 85 and over had an average of approximately 26 DMFT, corresponding to around 80 per cent of all teeth.

DMFT levels also varied between healthcare regions. The Stockholm-Gotland Healthcare Region consistently had the lowest DMFT values across all age groups, indicating better dental health. Higher DMFT values were generally observed in the Northern, Southern and Southeastern Healthcare Regions. For example, among people aged 85 and over, the average DMFT in the Stockholm-Gotland Healthcare Region was 24.3 for men and 24.9 for women, compared with 26.6 and 26.9 DMFT respectively in the Southeastern Healthcare Region, which recorded the highest values (Figure 5).

Figure 5. Average DMFT by gender, age and healthcare region among people who visited dental services in 2025

Average values.



Source: Dental Health Register, National Board of Health and Welfare

References

[1] SKR (Swedish Association of Local Authorities and Regions). *Så styrs sjukvården i Sverige* [Internet]. Sveriges Kommuner och Regioner, 2025 [cited 8 May 2026]. Available from: https://skr.se/halsaochsjukvard/sastyrssjukvardenisverige.7651.html

[2] Ljung R, Lundgren F, Appelquist M, Cederlund A. The Swedish dental health register - validation study of remaining and intact teeth. *BMC Oral Health*. 2019 Jun 17;19(1):116. doi: 10.1186/s12903-019-0804-7. PMID: 31208416; PMCID:PMC6580593.

About the statistics

Age-standardised values have been standardised using the 2025 population. The **mean** is calculated by dividing the sum of the values in a group by the total number of individuals in that group. The **median** is the middle value after the observations have been sorted in ascending order. Unlike the mean, the median is less affected by outliers.

Visits for **regular examinations** include individuals with procedure codes 101, 102, 111 or 112. The **interval between regular examinations** refers to the time between the most recent and the second most recent visit within the same provider category. For each calendar year, an individual's first visit during the year was identified, and the interval was calculated backwards to the previous visit in an earlier calendar year. Each year therefore represents the starting point for the calculation and is also the final year included in each interval. The same individual may appear several times during the time period 2016–2025. The result is reported as the median number of days between visits.

More information

The information in this fact sheet comes from the Dental Health Register. You can find more information about the register, as well as tables, charts and related material, at: www.socialstyrelsen.se/statistikoch-data/statistik/alla-statistikamnen/tandhalsa (select Tillhörande dokument och bilagor)

The statistical database is available at: www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen

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