Socialstyrelsen
THE NATIONAL BOARD OF HEALTH AND WELFARE

National guidelines for dental care

Summary

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Most children and adults in Sweden receive dental care on a regular basis. Caries (cavities, or tooth decay) and periodontal disease (gum disease, which can lead to tooth loss) are among the most common non-communicable diseases in the world. They affect our overall health and well-being, and are associated with great costs to both society and the adult patient. Caries and periodontal diseases, however, are largely preventable.

The 2021 guidelines from the Swedish National Board of Health and Welfare contain 377 dental care recommendations on the prevention, diagnosis, and treatment of oral diseases. The guidelines also contain 43 indicators that can be used nationally and regionally to evaluate and follow up results in dental care.

National guidelines for adult dental care were first published in 2011. The 2021 guidelines contain many of the recommendations from the 2011 release, some of them have been updated. New recommendations, such as on dental care for children and for individuals with special needs due to impaired function, have also been added.

These guidelines are primarily intended for policy makers who are responsible for allocation of resources in dental care. The guidelines are also useful for dental care professionals.

Assessing risk and treating cause are top priorities

Efficient use of resources requires that dental staff work systematically. For example, they should assess the risk of developing various oral diseases and record any damage, such as tooth erosion. They are also expected to investigate the underlying causes of these risks and tooth damage in collaboration with the patient. In this way, treatment can target cause and, when necessary, consider alleviating symptoms. Causal treatment is not yet as widespread as it should be, especially in the treatment of caries.

Systematic working methods allow patients to be called for a comprehensive oral health examination on an individual basis, according to their identified risks. Thus, patients with a high risk of poor oral health should be examined more often (once every 1–1.5 years) than patients with a low risk (once every 2–3 years). High-risk patients will then have better access to dental care, with expected improved oral health over time, while patients with lower risk will save time and money.

Dental care helps prevent poor health

Good oral health is important for our overall health and well-being. Among other things, our mental health and nutritional intake as well as the risk of infectious and inflammatory conditions are affected by the state of our oral health.

Thus, a primary aim of dental care is to promote and preserve oral health by measures aiming at strengthening salutogenic factors as well as reducing risk factors. Many of the risk factors, such as unhealthy diets and smoking, are common to both oral diseases and other chronic diseases. Thus, measures against them will affect both oral and general health.

Some dental staff have special training in the support of behavioral changes, such as in general counselling or in specialized therapeutic approaches, and can offer support for changing unhealthy habits and promoting a healthy behavior. This is an essential part of promoting oral health, which also may improve general health.

Dental care must collaborate more with other actors

Dental care must expand their collaboration with other actors, such as adult and pediatric (child) medical care, schools, and social services in order to raise the level of oral health in the population. This requires that dental care be included in the overall policy work of improving coordination between the various branches of health care.

Oral health influences general health, and coordinating pediatric medical clinics, schools, and dental care would allow these actors to reach all children with similar messages. Similar messages through lectures and activities on healthy eating and oral hygiene habits, like daily tooth brushing with fluoride toothpaste, would spread common knowledge throughout the population. Such collaboration would be particularly important for areas where poor oral health among the residents and a high incidence of caries in children are more common than in other parts of the population. Initiatives in these areas are necessary to reduce health inequalities in the population.

Dental care should also strive to be included in the network of healthcare services surrounding a patient. For example, the need for both professional dental treatment and daily oral care should be identified when a patient is moved from hospital to municipal care.

Furthermore, individuals with special needs due to impaired function may need dental care on site, for example, at a care or nursing home. The staff of such accommodations need dental-oriented education and training so that they can support residents in their daily oral care and recognize when professional dental treatment is needed.

Equity in oral health and dental care must be improved

Oral health and dental care in Sweden vary, for different reasons. For example, people with low income, low education, or disabilities generally have poorer oral health than other groups in the population. A similar pattern occurs in the population's general health. There are also geographical differences in the availability of dental care and the range of dental services offered.

These guidelines are designed to form the basis for promoting equity in oral health and dental care. We report regularly on the reach and outcome of dental care throughout the population; thus, compliance with these guidelines is being continually evaluated.

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