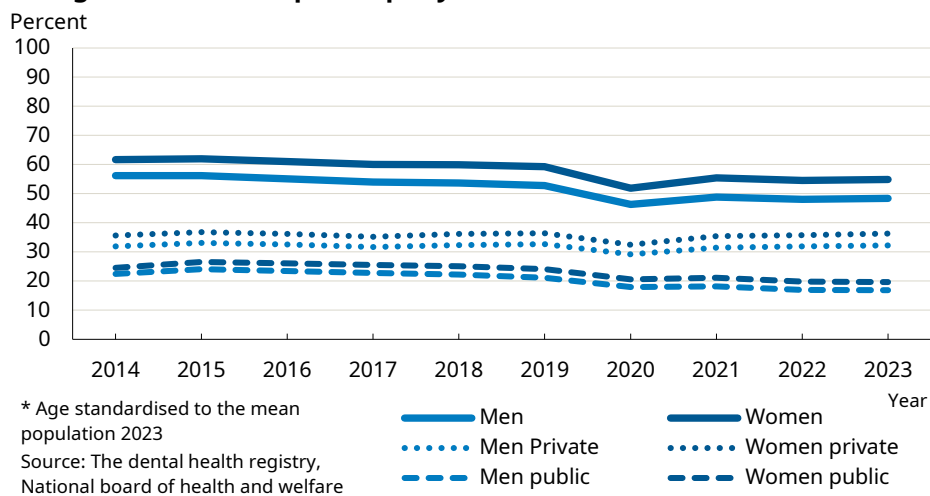

Statistics on Dental Health 2023

Approximately 3.9 million individuals, 24 years or older, sought dental care in 2023. With the exception of the pandemic year 2020, 2023 has the second lowest percentage of visitors since 2014. The time between regular examinations has increased in the last ten years, regardless of county or socioeconomic conditions. At the same time, the proportion of people who receive treatment in connection with regular examinations has decreased. A considerably smaller percentage undergo regular examinations in areas with socioeconomic challenges compared to other areas. In areas with better socioeconomic conditions, dental health is also better on average, in all age groups.

A larger percentage of the population underwent dental care in 2023 compared to 2022

3,941,573 people, aged 24 or older, sought dental care in 2023, 2,113,651 women and 1,827,922 men. Figure 1 shows the annual proportion of the population that has undergone dental care since 2014. Apart from 2020, when the Covid-19 pandemic greatly affected dental care visits, 2023 has the overall second lowest annual proportion during the period. The proportion has increased slightly compared to 2022. Women sought dental care to a slightly higher extent than men in 2023, and the difference is consistent over the time period 2014–2023. There is a noticeable difference when 2023 is compared with 2014 concerning those who visited public dental care and those who visited private dental healthcare providers. The percentage of visitors decreased by 24.7 and 19.8 percent among men and women, respectively, concerning visits to public dental care, while the percentage increased by 0.8 and 1.9 percent, respectively, for visits to private caregivers.

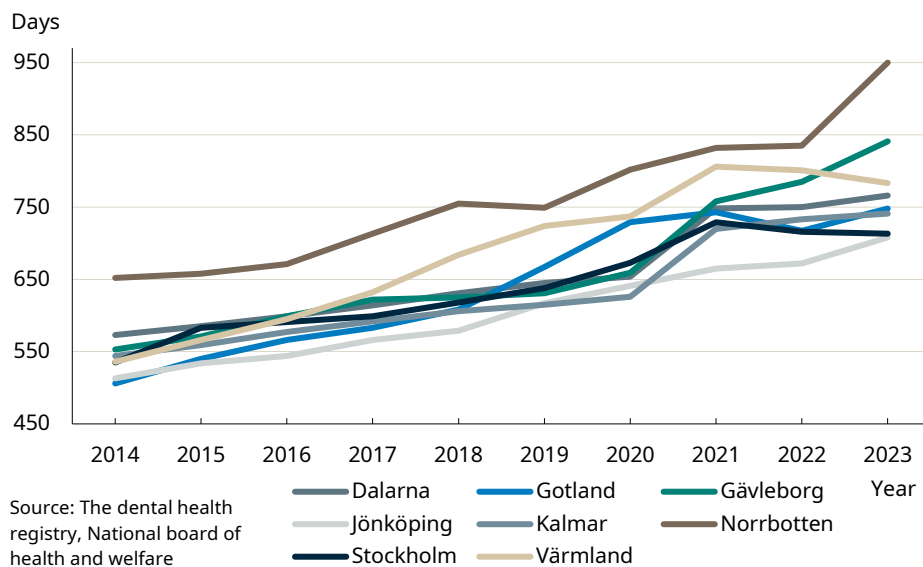
Figure 1. Proportion of the population, aged 24 or older, that sought dental care between 2014 and 2023, as age standardised parts* per year



The time between baseline examinations increases, but a lower proportion receives treatment

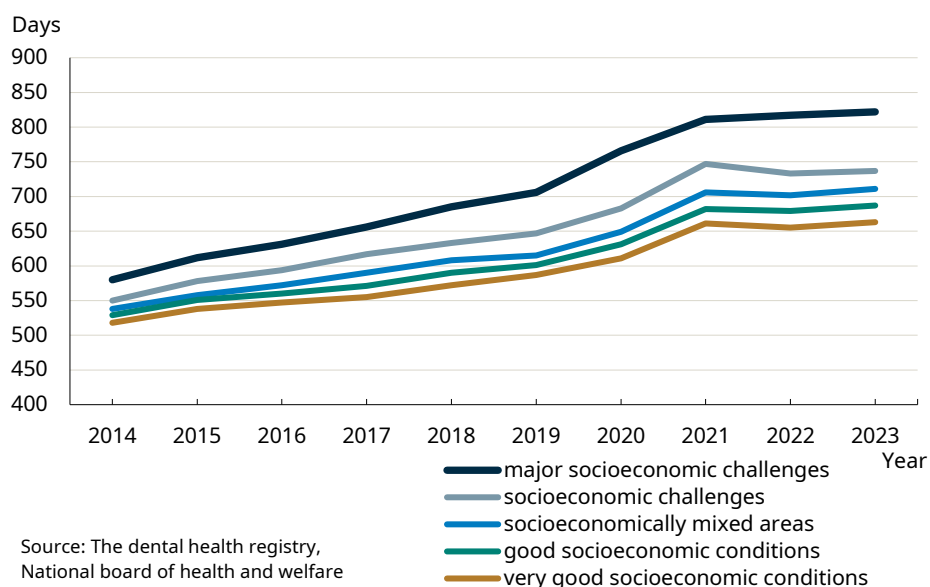
Figure 2 shows that the time between two regular examinations has increased since 2014. This trend is observed in all counties but is most evident in Gävleborg, Gotland, Värmland and Norrbotten. Figure 2 below presents the counties with the largest increase over the time period.

Figure 2. Time between regular examinations 2014–2023, by county



In addition to geographical differences, differences between areas with different socioeconomic conditions can also be observed in Figure 3. The trend of an increasing time between regular examinations is seen for all area types, but is most evident in areas with major socioeconomic challenges. Furthermore, there is an increasing gap between the area types during the period, which is particularly marked between areas with major socioeconomic challenges and other area types; the gap increased from 30 days to 85 days during the time period.

Figure 3. Time between regular examinations 2014–2023, by area type

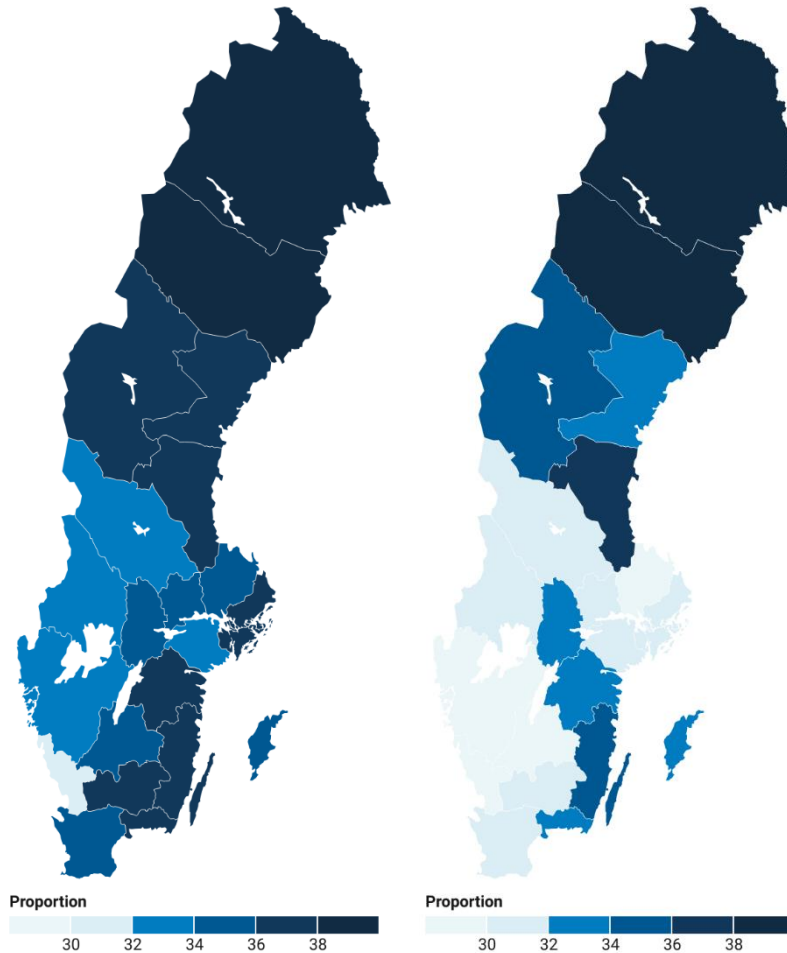


Fact box: Socioeconomic area type

Area types are a measure of socioeconomic conditions in RegSO, regional statistical areas. The measure is based on an index that contains the proportion of people with a low economic standard, the proportion of people with pre-secondary education and the proportion of people who have had financial assistance for longer than ten months, have been unemployed for longer than six months, or both.

Source: Statistics Sweden

Figure 4. Proportion of those who had a regular examination and also received a filling, crown, root treatment, extraction or inserted at least one implant, within six months of the year's first regular examination, in 2014 (left) and 2023 (right).



Among those who had a regular examination in 2023, 31 percent received treatment¹ within 6 months of the regular examination. Follow-up shows that this proportion is decreasing, but that there are regional differences. Figure 4 shows that Västerbotten, Norrbotten and Gävleborg have the largest proportion who receive treatment within 6 months of the regular examination, and that the proportions are similar compared to 2014. In the other counties, there is a smaller corresponding proportion. The largest decrease is observed in Uppsala, Stockholm, Jönköping and Kronoberg.

¹ Treatment means a filling (intervention code 701–707), crown (intervention code 800,801,921,922), root treatment (intervention code 501–504), extraction (intervention code 401–404,409 on all teeth except 18,28,38,48) or implant (intervention code 421,423,425,925) within 6 months after regular examination

Many individuals in areas with major socioeconomic challenges do not attend dental examinations regularly

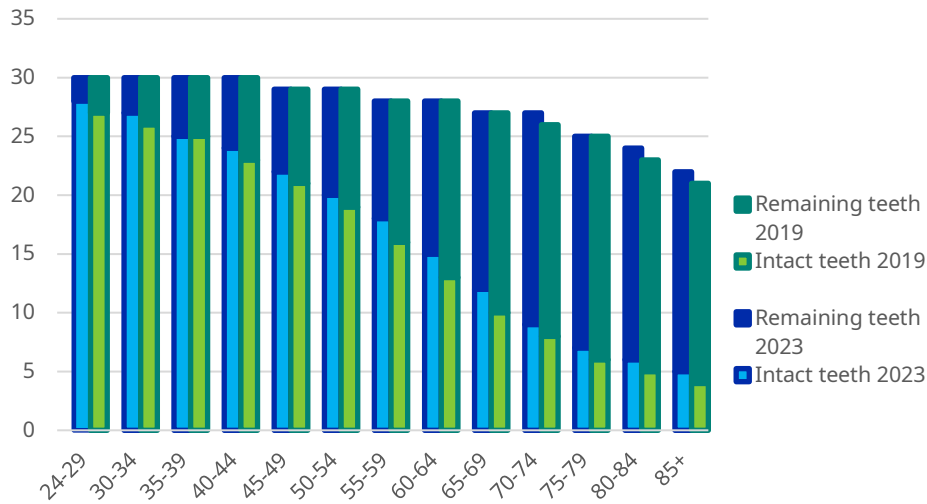
Considering the proportion that did not have a regular examination in the last three years, Table 1 shows large differences between areas with different socioeconomic conditions. The table also shows that the proportion who did not have a regular examination in areas with major socioeconomic challenges is more than three times larger than in areas with very good socioeconomic conditions. The difference is also clear between the two types of areas with socioeconomic challenges and exceeds five percentage points.

Table 1. The proportion of visitors who did not have a regular examination in 2021–2023, by socioeconomic area type

Area type	Percentage
Areas with major socioeconomic challenges	27.3
Areas with socioeconomic challenges	20.7
Socioeconomically mixed areas	15.5
Areas with good socioeconomic conditions	11.0
Areas with very good socioeconomic conditions	8.4

Dental health is improving, but large differences remain

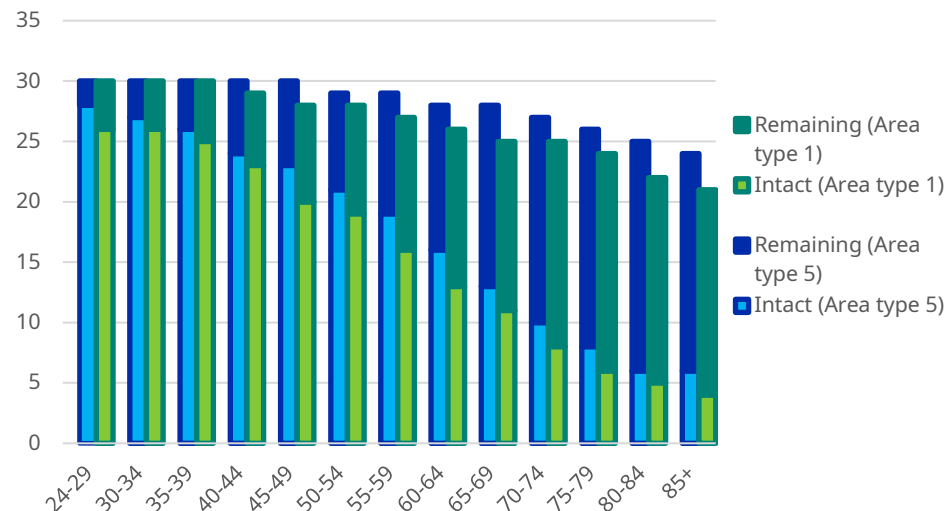
Figure 5. Median number of remaining and intact teeth, 2019 and 2023, by age category



Source: The dental health registry, National board of health and welfare

Figure 5 shows that the number of remaining teeth is higher in three of the older age categories in 2023 compared to 2019. Furthermore, the number of intact teeth is higher in most age groups.

Figure 6. Median number of remaining and intact teeth, area type 1 and 5, 2023, by age category



Source: The dental health registry, National board of health and welfare

Figure 6 shows that there is generally better dental health in areas with very good socioeconomic conditions regarding the number of intact teeth, regardless of age group, compared to areas with major socioeconomic challenges.

Furthermore, Table 2 shows clear differences between the different socioeconomic areas regarding the proportion of the population with at least 20 remaining teeth: the better the socioeconomic status, the better the dental health. There is a difference of over 20 percentage points between areas with major socioeconomic challenges compared to areas with very good socioeconomic conditions. On average, the increase per area type is almost five percentage points.

Table 2. Proportion of visitors with at least 20 remaining teeth per area type, among all those aged 65–74, who have registered remaining teeth 2021–2023

Area type	Percentage
Areas with major socioeconomic challenges	73,8
Areas with socioeconomic challenges	81,9
Socioeconomically mixed areas	87,2
Areas with good socioeconomic conditions	91,5
Areas with very good socioeconomic conditions	95,0

Summary

The proportion of the adult population that seeks dental care is increasing again, and for private caregivers it has also increased compared to 2014 for both women and men. The time between regular examinations has increased in the last ten years, regardless of county or socioeconomic area type. The proportion of individuals who need treatment following regular examination has decreased. In areas with major socioeconomic challenges, a smaller percentage undergoes regular examinations compared to areas with very good socioeconomic conditions. The number of intact teeth has increased for most ages in 2023 compared to 2019. In areas with good socioeconomic conditions, dental health with respect to the number of intact teeth, regardless of age group, is better compared to areas with major socioeconomic challenges. The better the socioeconomic conditions, the higher the percentage of visitors with at least 20 remaining teeth.

References

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.

Statistical terms related to dental health

According to Swedish law, the main objective for the dental health care system is good dental health and dental care on equal terms for the entire population (Tandvårdslag (1985:125)). A **remaining tooth** is a tooth that has a natural root, is partially erupted or has a visible tooth root. This also includes wisdom teeth. The number of remaining teeth is a rough but robust measure of dental health. Depending on whether the wisdom teeth are erupted or have a visible tooth root, a person can have up to 32 remaining teeth. Chewing ability decreases drastically with less than 20 remaining teeth. Having at least 20 remaining teeth can therefore be interpreted as having sufficient chewing ability. An **intact tooth** is a remaining tooth without damage to the dentine, which would require treatment. It cannot have any fillings or a prosthetic replacement. The **median** is the middle value in the group as the observed values are sorted in ascending order. A **visit** is defined as a unique date when an individual sought dental care.

More information

You can find further tables, graphs, and information here (in Swedish, but with an English list of terms. Select *Tillhörande dokument och bilagor*):

www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/tandhalsa/

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