Socialstyrelsen

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Statistics on Dental Health 2024

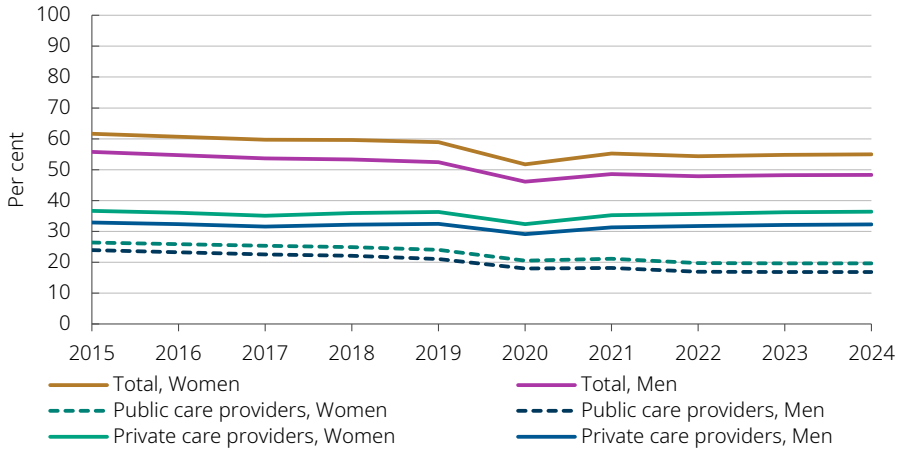
Approximately four million individuals, 24 years of age or older, sought dental care in 2024. The share of the population that sought dental care has decreased over the last ten-year period, yet has remained fairly constant over the last three years. In areas with better socioeconomic conditions, a larger proportion of the population has undergone a regular dental examination compared with areas with socioeconomic challenges. However, acute visits to dental care providers were more common in areas with socioeconomic challenges. In general, an improvement in dental health can be observed during the past ten years in regard to number of remaining and non-intact teeth. Socioeconomic differences in dental health could be observed, however, with the largest observed differences among younger generations.

The share of the population seeking dental care has remained relatively stable but the share seeking dental care through public care providers has decreased

3,984,658 people sought dental care in 2024 – 2,138,196 women and 1,846,462 men, which corresponds to 55.1 and 48.4 per cent of the population, respectively. Women sought dental care to a slightly greater extent than men during the year, a gender difference that can be seen throughout the 2015–2024 time period (Figure 1). The share of the population that sought dental care during the last three years has increased by around one per cent, but if the latest ten-year period is considered, the share seeking dental care has decreased for both women and men, albeit to a slightly higher degree in the male population (13.2 and 10.7 per cent, respectively). During 2024, slightly more than a third of the population sought dental care from a private care provider, compared to just under 20 per cent that sought dental care at public care providers. Since 2015, the proportion seeking dental care through public care providers has decreased by 29.6 per cent among women and 25.5 per cent among men, while the corresponding decrease was 2.0 and 0.7 per cent for visits to private care providers.

Figure 1. Proportion of the population, 24 years or older, that sought dental care, in total and by care provider, 2015–2024

Age-standardised rates per year



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

When the shares seeking dental care are presented by birth cohort (the decade in which the person was born), little change during the last ten-year period can be observed. Individuals born in the forties and fifties sought dental care to the greatest extent in 2024 (71.8 and 71.7 per cent for women and 68.9 and 65.0 per cent for men). The younger the birth cohort, the smaller the proportion of the population that had sought dental care. The proportion was smallest for people born in the eighties (44.9 and 36.8 per cent among women and men, respectively). The difference between the genders in regard to the proportion that sought dental care was largest among individuals born in the 1980s, 8.1 percentage units as compared to 2.9 percentage units for individuals born in the 1940s (data not shown).

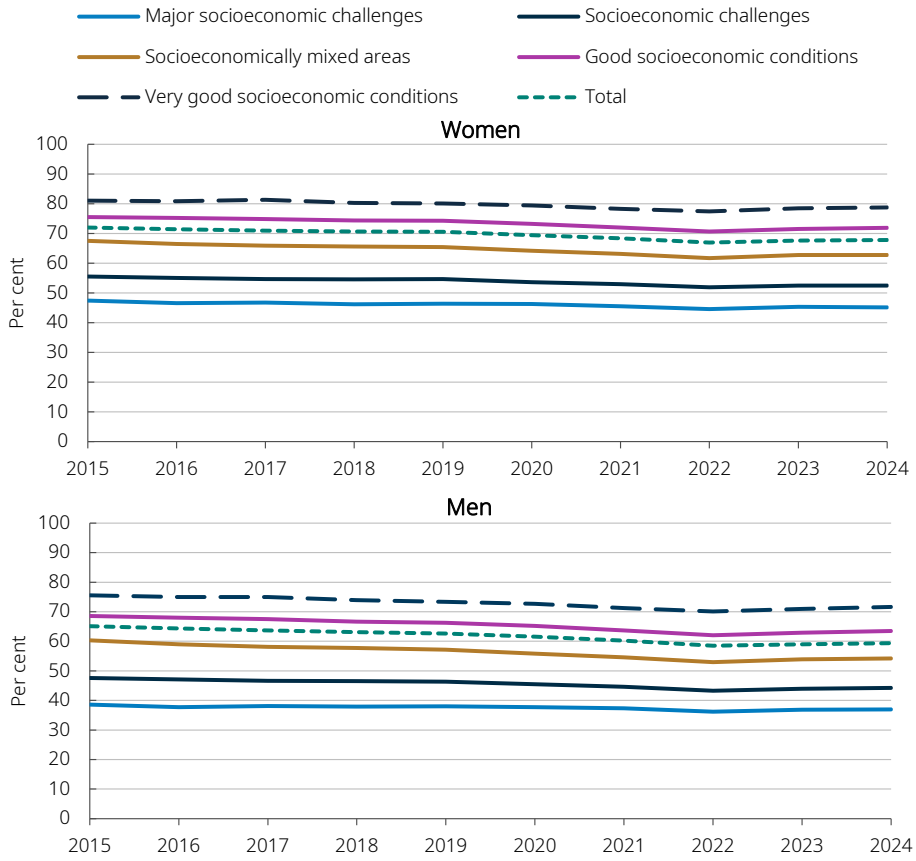
Regular examinations more common in areas with good socioeconomic conditions

The share of the population that had undergone a regular examination during the past three years differs clearly between residents in areas with different socioeconomic conditions (Figure 2). Among persons residing in areas with very good socioeconomic conditions in 2024, slightly less than 80 per cent of the women and around 70 per cent of the men underwent a regular examination in 2022–2024. The corresponding numbers for residents in areas with major socioeconomic challenges were about 45 per cent for women and slightly below 40 per cent for men. Between 2015 and 2024, the proportion that underwent a regular examination decreased in Sweden as a whole, but the largest decrease could be seen in socioeconomically mixed areas (7.0 and 10.2 per cent decrease for women and men, respectively) and

in areas with socioeconomic challenges (5.4 and 7.0 per cent decrease for women and men, respectively).

Figure 2. Proportion of the population, 24 years or older, that underwent a regular examination during the last three years, by gender and socioeconomic area type, 2015–2024

Age-standardised rates per year



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

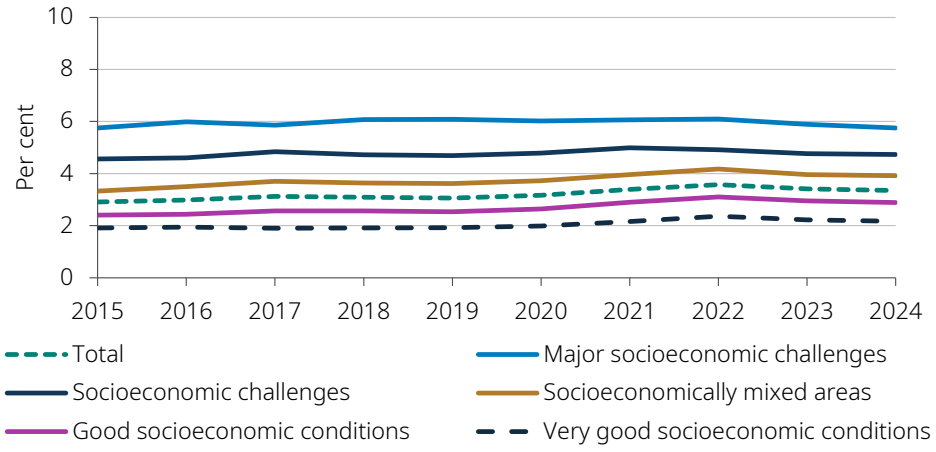
Regional statistical areas and socioeconomic area type
In this report, statistics are presented by socioeconomic area type, which is a categorical division pertaining to socioeconomic conditions in each of Sweden's 3,363 geographically defined regional statistical areas (RegSO). Socioeconomic area type is based on a socioeconomic index (SEI), which in turn is based on the mean of three indicators for each RegSO: the proportion of residents with a low economic standard (irrespective of age), the proportion of residents with pre-secondary education (20–65 years), and the proportion of residents who have had financial assistance for longer than ten months and/or have been unemployed for longer than six months (20–65 years). A larger SEI value is indicative of poorer socioeconomic conditions in the RegSO. Based on the number of standard deviations from the mean, a categorical variable is created ranging from areas with major socioeconomic challenges (socioeconomic area type 1) to areas with very good socioeconomic conditions (socioeconomic area type 5). The latest available year with RegSO and statistical area type data is 2024 and 2023, respectively.

The proportion that seeks dental care only for acute purposes is greater in areas with socioeconomic challenges

The proportion of the overall population that seeks dental care for acute conditions only has increased over time. The proportions clearly differ between areas with different socioeconomic conditions, but compared to the share that underwent regular examinations, the relation between the acute visits and socioeconomic area type is reversed (Figure 3A). In areas with major socioeconomic challenges, about 6 per cent of the population sought acute dental care in 2024, compared to about 2 per cent in areas with very good socioeconomic conditions. During the 2015–2024 period, however, the differences between the socioeconomic area types have decreased. This can in part be attributed to the observation that the share that has sought acute dental care in areas with socioeconomic challenges has been relatively stable, while the same shares in socioeconomically mixed areas and areas with good and very good socioeconomic conditions have increased (18.0, 19.8 and 13.3 per cent increase, respectively). No major differences between the genders could be observed, either in regard to differences in proportions or in regard to the observed differences between socioeconomic area types (data not shown).

Figure 3A. Proportion of the population, 24 years or older, that only sought acute dental care, by socioeconomic area type, 2015–2024

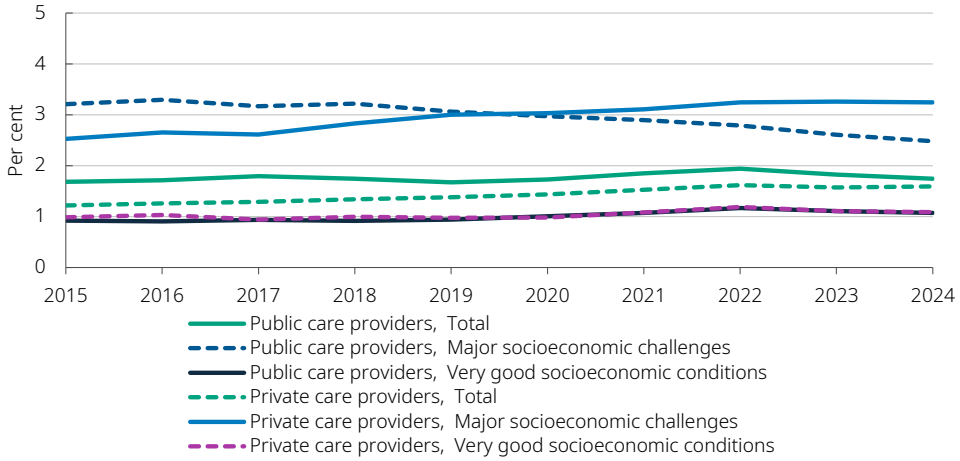
Age-standardised rates per year



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

In Sweden overall, it was as common to visit public care providers as it was to visit a private care provider for acute dental care in 2024 (1.7 and 1.6 per cent, respectively). In areas with very good socioeconomic conditions, no differences were observed between the two care provider categories, either in 2024 or over the last ten years (Figure 3B). However, in areas with major socioeconomic challenges, acute visits to private care providers were slightly more common than acute visits to public care providers (3.2 and 2.5 per cent, respectively). In these areas, the proportion that sought acute dental care via private care providers increased by 28.4 per cent between 2015 and 2024, while the proportion that sought acute dental care via public care providers decreased by 22.8 per cent during the same period.

Figure 3B. Proportion of the population, 24 years or older, that only sought acute dental care in areas with major socioeconomic challenges and areas with very good socioeconomic conditions, by care provider, 2015–2024



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

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. Depending on whether the wisdom teeth are erupted or have a visible tooth root, a person can have up to 32 remaining teeth. 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. **DMFT (decayed missing filled teeth)** is used as a measurement of dental health and it is derived by subtracting the number of remaining intact teeth from 32 (maximum number of teeth). DMFT hence indicates the number of decayed, missing or repaired teeth. The lower the DMFT value, the better the dental health.

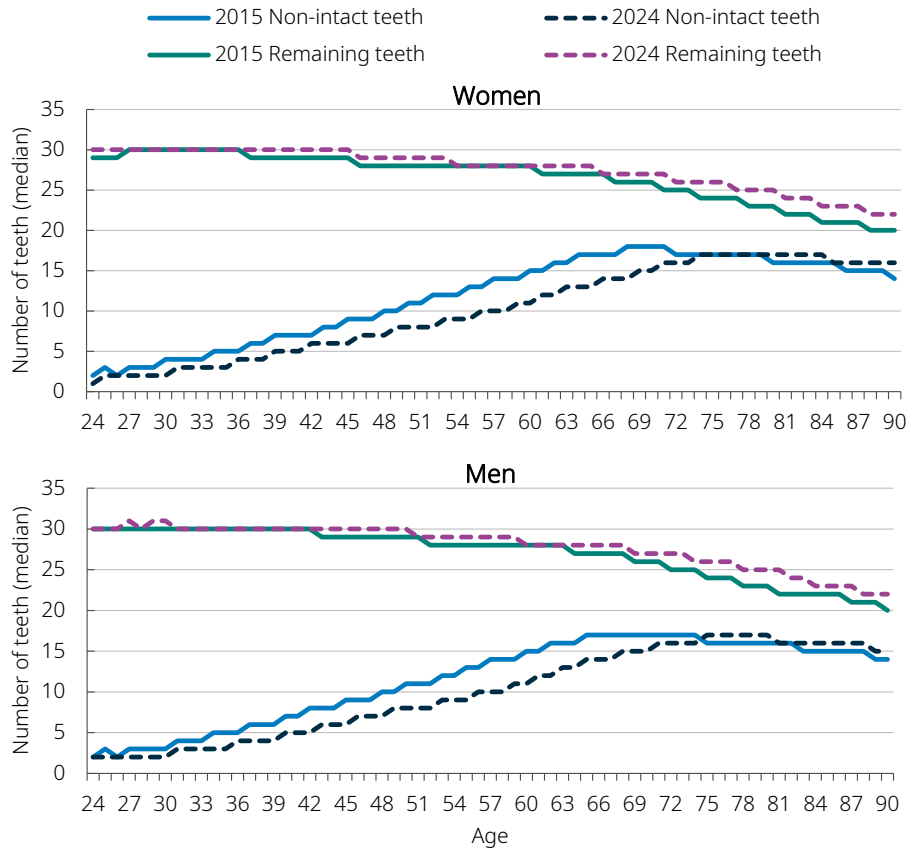
Dental health has improved during the last ten years

The number of remaining and intact teeth serves as a rough but robust measurement of dental health in the population [Ljung et al. 2019]. When these measurements are taken into consideration, dental health has improved among both women and men who sought dental care in 2015 and 2024 (Figure 4A–B). The increase in the number of remaining teeth could most clearly be seen in the older age groups, from around 70 years of age and older. For the younger population, however, small or no differences could be observed during the time period.

The number of non-intact teeth has decreased during the time period, indicating better dental health among the individuals that sought dental care in these years. The decrease in the number of non-intact teeth was greatest in the age group 50–69 years. For individuals older than 75 years, no decrease was observed but rather the number of non-intact teeth appears to have increased slightly.

Figure 4A–B. Number of remaining and non-intact teeth, by gender and age, 24–90 years, for 2015 and 2024

Median values. Women (top) och men (bottom).



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

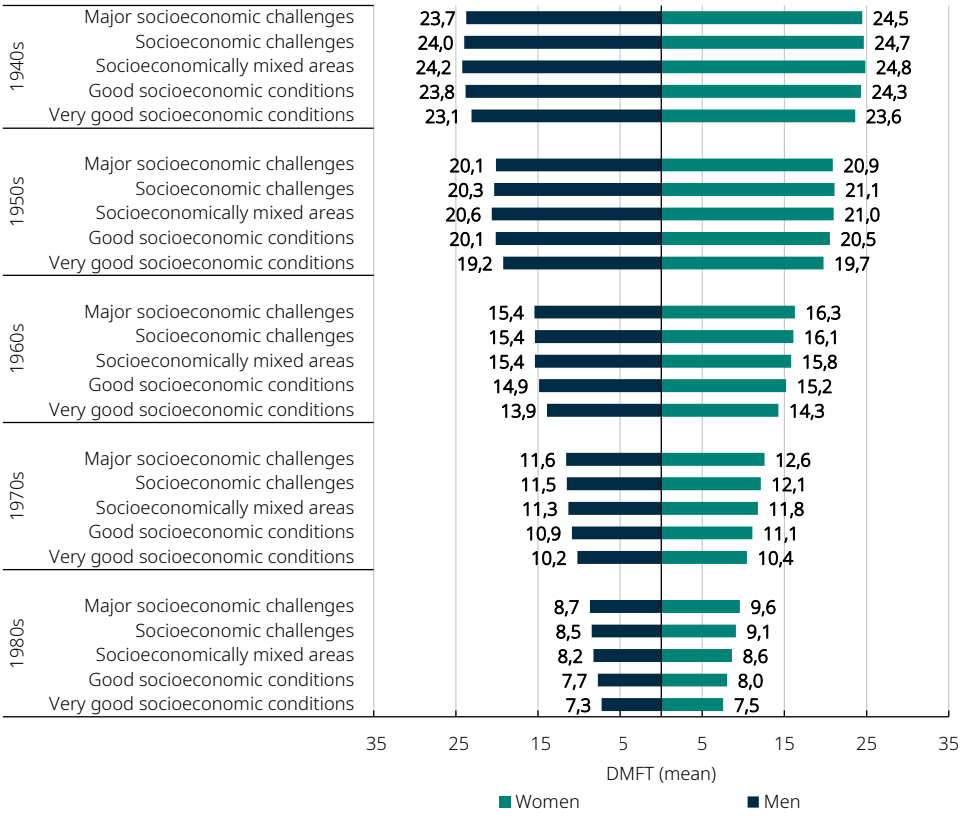
Socioeconomic differences in dental health were smallest among the older cohorts

Another measurement of dental health is DMFT, which corresponds to the number of teeth in the mouth that are decayed, missing or repaired. Among individuals seeking dental health care during 2022–2024, individuals born in the 1940s had an average DMFT value of 24, corresponding to around 75 per cent of the teeth in the mouth, while individuals born in the 1980s had an average DMFT value of 8, which is roughly equivalent to 25 per cent of all teeth. Socioeconomic differences within the birth cohorts tend to be greater for individuals born in the 1980s compared to those born in the 1940s. In the former cohort, the DMFT value differs between individuals residing in areas with major socioeconomic challenges and those residing in areas with very good socioeconomic conditions by 2.0 and 1.4 per cent for men and women, respectively. The corresponding numbers for individuals born in the 1940s were 0.8 and 0.6 for men and women, respectively. For individuals born in

the 1960s and 1970s, the differences between the socioeconomic area types are on par with those observed for individuals born in the 1980s (Figure 5).

Figure 5. Number of DMFT by gender, birth cohort and socioeconomic area type, for individuals who sought dental care in 2022–2024

Mean value



Source: Dental Health Register, the National Board of Health and Welfare, and Statistics Sweden

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.

About the statistics

The statistics are based on the number of unique individuals that sought dental care per year (unless otherwise stated). The population of 2023 has been used for **age standardisation**. The **mean** value is the sum of the values in the current group divided by the group's total number. The **median** is the middle value in the group as the observed values are sorted in ascending order. Unlike the mean, the median is not affected by extreme values.

Dental care visits concerning a regular examination comprises individuals with registered procedure codes 101, 102, 111 or 112. Visits that are **acute only** comprises individuals who have had an acute procedure while not having undergone a regular examination or planned treatment during the year of the acute visit or two years prior. Acute procedures are based on the procedure codes 103, 107, 113, 300, 401–405, 407, 435–436, 500, 600, 701–708, 800–801, 805, 807, 809, 811–814, 822–823, 827–829, 831–839 and 880–890. Through this selection, a patient group is identified that only appears to seek dental care for acute problems and in addition does not visit dental care providers for regular procedures.

More information

You can find more tables, graphs and information here (select Tillhörande dokument och bilagor): www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/tandhalsa

If you would like to use our statistical database: www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen

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