

## Academy helping pediatricians address patients' oral health

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Traditionally, the assessment and treatment of oral health problems has not been considered to be the domain of pediatricians, but that is changing.



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The dentist-to-population ratio is declining. Of the 153,000 U.S. dentists, only 3,600 are pediatric dentists. Many, if not most, general dentists do not feel comfortable seeing patients under 3 years of age.

Since pediatricians see young infants and children frequently for preventive health care visits, we are in an excellent position to identify children at risk for dental health problems, coordinate appropriate care and parent education, and refer affected and high-risk children to pediatric dentists. In addition, the Surgeon General has stated that "oral health cannot be considered separate from the rest of the body."

Dental caries is the most prevalent chronic illness in children; it is five times more common than asthma. Eighteen percent of children between 2 and 4 years of age, 52% of 6- to 8-year-olds and 67% of 12- to 17-year-olds have had dental caries. It is a marker of health disparities, as 80% of caries occur in 25% of school-age children. It is a disease of poor and minority children, many of whom have limited or no access to dental care. Only one in five children on Medicaid ever receives a preventive dental visit, and increased levels of oral disease are being seen in this population of children.

Most importantly, we now know that dental caries is an infectious disease that is preventable. The primary "marker" organism for caries initiation, *Streptococcus mutans*, generally is not present in infants under the age of 6 months but usually is acquired from the mother or other primary caretaker, often by placing a pacifier in her mouth or prechewing the baby's food.

Although pediatricians are increasingly willing to assume this new role, many are not yet well-trained to perform oral health examinations, identify early decalcification and apply dental varnish. Fortunately, these skills are easy to learn.

A number of AAP chapters have held successful continuing medical education sessions on these topics. Varnish treatment for high-risk patients costs only about \$1.13 per patient. Ten states have obtained Medicaid payment for oral health screening and varnish application by primary care pediatricians. The Academy can support chapters in promoting reimbursement for oral health education and caries prevention services, which come under Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

Oral health is on the list of AAP strategic priorities for 2006-'07, and we have established an Oral Health Workgroup to advance this initiative. Working with pediatric dentists in our Section on Pediatric Dentistry, we can educate our members by establishing an oral health champion in each

AAP chapter, providing grand rounds and residency training sessions, and aiding chapters to pursue payment for the provision of these services by pediatricians. In addition, the Academy can provide tools to assist chapters to increase children's access to fluoride. There is a trend for oral health to be included in primary care residency requirements.

It is clear that children in pain from dental caries eat less, causing impaired growth and increased school absences and inattention. Children with special health care needs are at greater risk for oral disease having an impact on systemic disease.

By assuming this new role, pediatricians can make a difference in the health of our most vulnerable children.