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Too many individuals adopt a laissez-faire approach to dental care – heading to the dentist only when painful toothaches erupt, with the expectation that immediate treatment will cure the root cause of the problem – says the writer. Caring for our teeth requires the same commitment as how we care for our heart, body and mind, he adds. ST PHOTO: AZMI ATHNI

Say aah! Why is Singapore neglecting dental health?

Misplaced priorities? People maintain their cars diligently but skip regular visits to the dentist.

Teo Yik Ying

A recent report revealed that half of the children in Singapore experience tooth decay by kindergarten age, leading to pain, missed school and even extractions. For a high-income nation renowned for its well-organised health system, this figure is both surprising and alarming.

How is it that Singapore, with robust public health programmes targeting conditions such as diabetes and cardiovascular diseases, struggles with

something as fundamental as children's dental health?

This question highlights systemic gaps in oral health, not just for children but across all age groups.

The National Adult Oral Health Survey in 2019 revealed high rates of untreated tooth decay and gum disease among Singaporean adults, with over three-quarters of those aged between 21 and 64 suffering from periodontal disease.

Periodontal disease, also known as gum disease, is an infection of the tissues that hold the teeth in place. This happens when plaque, a sticky film of bacteria, builds up

on the teeth and is not properly removed.

While regular brushing and flossing are important, professional dental cleaning can access areas that are otherwise inaccessible, such as deep gum pockets.

For three-quarters of the adults surveyed to suffer from periodontal disease points to a widespread neglect of preventive dental care. Is this also the reason why our kindergarten children have such bad teeth, because the parents themselves don't care much about maintaining their own teeth?

Oral health issues extend beyond cosmetic concerns. Untreated tooth decay can cause pain, infections and tooth loss, which can affect eating, speaking and social interactions.

Chronic gum disease has also been linked to systemic conditions such as heart disease,

diabetes and respiratory infections.

For individuals with diabetes, poor oral health can worsen complications, including kidney damage and nerve issues.

Yet, many Singaporeans prioritise the appearance of their teeth over their health, spending on aesthetic treatments like whitening and straightening, while neglecting preventive check-ups.

This reflects misplaced priorities – people maintain their cars and phones regularly but skip the recommended six-monthly dental visits.

So where did we go wrong?

CURRENT PROGRAMMES FOR ORAL HEALTH

Globally, the World Health Organisation advocates preventive dental care, as most oral diseases are preventable with

appropriate measures. Such dental care services should be made available and accessible to people across all ages, as the risk factors for oral diseases are present throughout our entire life.

In Singapore, a national programme addresses oral health early, with free dental screenings for pre-schoolers at some childcare centres. This expands to free basic dental services for schoolchildren, at regular intervals, six times through 10 years of primary and secondary schooling.

This shows in the exemplary oral health of our 12-year-olds, with Singapore ahead of nations like Japan and South Korea. It also shows that while our children may not have good teeth in kindergarten, we manage to fix this during their schooling years with a sound national programme.

However, the next time a

national programme formally looks at the health of a person's teeth is when the person reaches 60 and is then eligible for functional dental screening under the "See, Hear and Eat Better" programme.

This leaves a 40-year gap in preventive services, during which there are very few public education and national programmes to remind and incentivise individuals to proactively manage their oral health.

For many, this gap leads to years of accumulated plaque, untreated cavities, gum disease and other preventable issues, making dental care reactive, complex and expensive.

SUBSIDIES ON OFFER

What is surprising is that the National Adult Oral Health Survey also revealed that six in 10 eligible individuals did not utilise their government dental subsidies, often paying out of pocket instead.

This suggests that not many people realise that dental services in polyclinics are subsidised by the Government, with varying levels of subsidies depending on the specific services including cleaning, fillings, extractions, dentures, crowns and root canal treatment.

Or perhaps they have been stymied by the lengthy waiting time for polyclinic appointments, with non-emergency dental appointments involving waits of up to a year, despite dental clinics opening their appointment slots six months ahead.

Subsidised care is also available at private dental clinics under the Primary Care Partnership Scheme (PCPS), although eligibility is limited to specific Community Health Assist Scheme (Chas) card holders, with basic-level subsidies for Orange and Blue card holders and greater support for Merdeka Generation and Pioneer Generation card holders.

However, what this means is that for adults with a household monthly income per person above \$2,300 – thus only eligible for Chas Green – who are unable to secure a timely appointment at a polyclinic, private care often becomes an expensive necessity.

WHAT CAN BE DONE?

The gaps in Singapore's oral health system lie in literacy, access and financing, requiring targeted solutions.

First, oral health literacy needs to improve.

Public health campaigns have successfully raised awareness about smoking, sedentary lifestyles, and unhealthy diets rich in sugar, salt and saturated fat.

A similar approach can educate Singaporeans on the importance of preventive dental visits, the risks of neglecting oral health and its role in overall wellness.

Campaigns should tailor messages for different age groups: children, adults and seniors.

This is not just the responsibility of the Health

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Healthcare • Focus on total patient care approach to dental health

I refer to Professor Teo Yik Ying's Opinion piece "Say aah! Why is Singapore neglecting dental health?" (Nov 20).

Neglecting dental health is a significant problem which goes beyond the oral and facial regions.

The World Health Organisation identifies it as a key indicator of overall health, well-being and quality of life.

Take this simple but all too

common example – tooth decay and/or gum disease can lead to tooth loss, which can lead to chewing difficulties, poor diet and nutrition, low self-esteem, difficulty speaking and a lower quality of life.

Prof Teo suggests sound solutions in which, importantly, all health professionals, government, industry and community can contribute.

Good health literacy lets people

access, understand and use information in ways which promote and maintain good health – for example, through preventive care.

Inter-professional collaborative health practice, implemented recently at NUS as a common curriculum among health professional students, helps with this, particularly as dental disease has common risk factors with other diseases such as

obesity, cardiovascular disease and diabetes.

Such courses ensure that health professionals speak a common language, underpinned by evidence, that has relevance to all health disciplines and, importantly, the community and patient.

It is time for us to step out of our respective disciplinary "tribes" and focus on a total patient care approach.

Incentivising subsidised dental care is a great idea, and those demonstrating good preventive habits and related health outcomes could receive increased subsidisation.

When I arrived in Singapore 15 months ago to join NUS' Faculty of Dentistry as its dean, I was surprised that dental care was not a part of Healthier SG. This omission needs rectification, and as Prof Teo outlined, with encouragement on prioritising prevention over corrective treatments.

The workforce to achieve this is

not limited to dentists, but must include oral health therapists, the key behaviour change agents in the dental team.

Let's also consider non-dental workers, such as other health or social workers, neighbours, community centres and workplaces, to contribute to improving dental health in the community.

It's time for us to focus on making the whole greater than the sum of the parts by integrating all stakeholders into the dental team.

Chris Peck

Replies

Oral health • Joint effort needed among stakeholders to ensure adequate care for all

I refer to Professor Teo Yik Ying's Opinion piece "Say aah! Why is Singapore neglecting dental health?" (Nov 20) and Professor Chris Peck's response (Focus on total patient care approach to dental health, Nov 22).

Both authors have raised critical issues regarding the overlooked role of dental health in our healthcare system.

The oral cavity is not only integral to basic functions such as eating and speaking but is also a portal of entry for numerous systemic diseases. Poor oral health is closely linked to serious conditions like diabetes,

cardiovascular disease, and respiratory infections.

Safeguarding oral health is, therefore, an essential part of safeguarding overall health and quality of life. It is concerning that dental care is not yet included in Healthier SG, even though oral health is part of our overall health.

As Prof Teo and Prof Peck rightly point out, incentivising preventive dental care brings benefits to the population. Periodic updates of Community Health Assist Scheme subsidy levels for essential dental treatments, such as scaling, fillings and extractions, to

maintain affordability amid inflation would greatly benefit more vulnerable members of society.

The 2019 National Adult Oral Health Survey revealed alarming statistics: More than 50 per cent of those surveyed had moderate to severe gum disease, 34.8 per cent had untreated dental caries, and 85.2 per cent had experienced tooth decay. These figures are dismal for an economically advanced nation like Singapore and signal an urgent need for action.

Another pressing issue is the neglect of oral health among residents in nursing homes,

often due to the lack of dental facilities or manpower. This underscores the need for a sustainable, long-term solution supported by ministries, professional bodies such as the Singapore Dental Association, as well as non-governmental organisations. Together, these stakeholders can help ensure that all individuals, particularly the elderly and underserved, receive adequate oral healthcare.

We wholeheartedly support Prof Peck's call for a collaborative, total patient care approach that includes oral health therapists, healthcare professionals and the wider community. Only through collective effort can we improve the oral and overall health of our population, leaving no one behind.

Eugene Tang (Dr)

President

Singapore Dental Association