

# Carbohydrates and dental caries

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**S**eventy five per cent of Malaysian pre-school children have caries. The Ministry of Health (MOH) National Oral Health Survey 2005 revealed that among 5-year olds, caries prevalence was 76.2 per cent with a mean decayed, missing and filled teeth score of 5.6.

IMU lecturer Dr Megan Chong Hueh Zan attributed this to poor parental knowledge about oral health.

“Many parents; from lack of awareness tend to initiate their children’s oral hygiene at two years old. By this time, it is quite likely that the child’s first dental caries has appeared.”

Among the biological risk factors are nutritional variables, feeding habits and early colonisation of cariogenic microorganisms, while social risk factors include parental education and knowledge and socio-economic status.

## Why prevention is important

Early Childhood Caries (ECC) affects the quality of life of families and the affected children and may affect nutritional status.

“Pain and subsequent tooth loss may also cause difficulty in eating, speaking, sleeping, have psychological impacts on confidence and socialising.”

“Prevention is the key for ECC, and this can be achieved successfully by knowledgeable and efficacious caregivers. Maintenance of good dietary practices, good oral hygiene control as well as the use of fluoridated toothpaste are essential.”

## What can parents do

High frequency consumption of sugary foods and drinks are risk indicators for caries.

“All fermentable carbohydrates including sugars and starch containing foods and



**Early childhood caries affects the nutritional status of a child.**

drinks have the potential to encourage the growth of cariogenic bacteria.”

Research showed that non-milk extrinsic sugar (NMES) are prime contributors of tooth decay.

“NMES are sugars not contained within the cellular structure except lactose in milk and milk products and are found in cakes and biscuits, chocolate confectionery, buns, sugared breakfast cereals, ice-cream, fruit juices and sugared drinks.” 