

Is there any Correlation Between Adverse Childhood Experiences and their Oral Health?

Karimi M*

Department of Pediatric, Sepideh Dental Clinic, Iran

***Corresponding Author:** Karimi M, Department of Pediatric, Sepideh Dental Clinic, Iran.

Received: November 03, 2022; **Published:** November 30, 2022

The term “adverse childhood experiences” (ACEs) is defined as exposure to any abuse or dysfunction in the home before the age of 18. ACEs (including physical, sexual, or emotional abuse) can have harmful consequences on a person’s health in childhood and adulthood.

ACEs includes suffering from emotional, physical, or sexual abuse or growing up in a family where there is domestic violence, alcohol or drug abuse, imprisonment or separation of parents or mental illness. The experience of trauma or chronic stress induced by ACEs has destructive effects on the development of the nervous system, endocrine, and immune systems, and even could affect brain development.

Significant amounts of international evidence indicate long-term effects of ACEs exposure, including increased susceptibility to health-damaging behaviors (such as poor diet and smoking), antisocial behaviors and poor growth in childhood, and reduced mental health in adulthood.

A UK study found a relationship between adverse childhood experiences before the age of 18 and poor oral health later in life. The study was conducted using random sampling and a home survey. Data were collected based on interviews at participants’ homes. Criteria include exposure to nine adverse childhood experiences and two dental outcomes, including tooth loss (less than 8 teeth due to caries or damage) and missing or restored teeth (direct or indirect restorations; or more than 12 teeth were missing or filled). The findings of this study revealed that there is a strong association between exposure to AECs and poor oral health. The prevalence of tooth loss was significantly higher in people who had more than 4 adverse childhood experiences than in those who did not have any of these experiences. A similar relationship was observed for the number of missing or filled teeth. Exposure to more than four AECs was associated with a higher rate of tooth loss and restoration at any age, compared to people who had not experienced such problems. After adjusting the results based on demographic factors, the average tooth loss with the number of adverse childhood experiences increased in all age groups so that the average tooth loss in people without such experiences was lower than those who reported more than 4 adverse experiences.

We can conclude that exposure to ACEs can be one of the important predictor factors of poor oral health. Since oral health is an important part of a child’s overall health, approaches that seek to improve dental health throughout life should begin in childhood and focus on having a safe and no abusive childhood.

Given the increasing role of dental professionals in identifying violence and abuse, it seems to be one of the best ways to raise awareness in the field of dentistry about the possibility of adverse childhood experiences among people with poor oral health and discovering mechanisms that are associated with childhood discomforts and poor oral health [1].

Bibliography

1. <https://www.medscape.com/viewarticle/926483>

Volume 21 Issue 12 December 2022

© All rights reserved by Karimi M.