Can Childhood Social Harms Affect Tooth Loss in Adulthood?

Karimi M*

Department of Pediatrics Dentistry, Sepideh Dental Clinic, Iran *Corresponding Author: Karimi M, Department of Pediatrics Dentistry, Sepideh Dental Clinic, Iran. Received: July 30, 2019; Published: December 27, 2019

Abstract

In this article, the link between childhood social trauma and tooth loss after life has been reviewed. The main factors were investigated based on social harm, physical and sexual child abuse and smoking habits. A series of systemic diseases and the use of some medications can be effective in oral health and can expose the patient to poor oral hygiene, and consequently leads the condition to loss of teeth. In other words, these are not just medical conditions that explain the oral function of the individual and the effective role of his oral health but also, in the researcher's view, the factors described above, have a greater impact on the loss of their teeth compare to medical conditions.

Keywords: Childhood Trauma; Tooth Loss; Child Abuse; Smoking Habits; Poor Oral Hygiene; Systemic Disease; Medications

Introduction

In a study conducted by Dr. Lee, the angles of the close relationship between a child's social harm and tooth loss in adulthood have been studied. Dr. Lee believes that even if children grow up and live behind the childhood afflictions, the injuries they experience at the beginning of their life, will prone them to teeth loss. The reported social harms are physical child abuse, childhood injuries or traumas, or smoking habits such as pipes, cigarettes or even marijuana [1].

She believes that the lasting effects of these unpleasant experiences in childhood on oral and dental health are far more than some systemic diseases like diabetes and pulmonary disease effects [1].

Clearly, taking some medications and involving in behavioral bad habits can lead the patient to poor oral and dental health [2-5]. In other words, some drugs can cause side effects such as dry mouth [6], bad breath, and bleeding from the gum [6] that forces the patient to refuses tooth brushing due to fear of gingival bleedings. For instance, the use of inhaled corticosteroids can increase the level of gingivitis [7,8]. Diabetes is also commonly linked to a higher risk of gingivitis.

Without enough saliva, the tissues in the mouth can become irritated and inflamed, and because saliva isn't flushing mouth from food particles regularly, it may lead to poor oral hygiene and dental bacterial plaque accumulation [9,10]. This increases the risk of infection, tooth decay, and gum disease and eventually tooth loss [11]. People with dry mouth often suffer from bad breath [12-16]. Certain health conditions, such as diabetes which is also commonly seen in children, can cause Xerostomia and bad breath [17,18]. On the other hand, some adolescent are adopted to bad habits, including smoking, a primary factor to pulmonary disease, which is itself a precondition for poor oral and dental health.

Can Childhood Social Harms Affect Tooth Loss in Adulthood?

Dr. Lee, in her research, reviewed the data from a survey of elder couple people in the United States. The survey data was based on gathering information regarding childhood experiences, their educational achievement, and the status of their socioeconomic. Along with the previously mentioned information, she also extracted oral hygiene information of participants from the survey and concluded the elders are at greater risk of losing their teeth if they have suffered from entire childhood. Dr. Lee noticed the connection between childhood trauma and physical abuse on their total teeth loss in adulthood [1].

The results of these studies were quite interesting but shocking. More than 13% of adults over the age of 50 were edentulous. Ten percent of these elders have been physically or sexually abused in their childhood. Eighteen percent have experienced smoking. Approximately 30% of volunteers in this survey, had financial problems, lost their parents; or even have experienced the bitter memories of parents' divorces by the age of 16. Nearly half of them have high school diplomas or less, and finally 20% of respondents have struggled for living in poverty for at least one year [1].

Dr Lee collected data through a survey and looked at developed three different life -style models [1]:

- A sensitive model: Traumatic events during a critical stage with greatest impact on his/her development are examined.
- An accumulation model: The effect of an accumulation of incidents over the course of an individual's life.
- A social mobility model that examined changes of the person's socioeconomic status throughout life.

Unpleasant events affect tooth loss through social behavioral pathways. For example, children who have been abused may be more exposed to health behaviors such as alcohol and excessive consumption of sugar or nicotine, which can lead to loss of their teeth [1].

Stress can also affect brain control, which may lead to nicotine dependence. Childhood injuries may have a negative impact on their learning and achievement. On the other hands, for people with lower education, the probability of having a good job with dental insurance is much lower [1].

And finally, Dr. Lee said' "It's really sad to see that adversity breeds adversity, but it really seems that dental health is rooted in adverse experiences you encounter over the life course, particularly in childhood. Future policy may benefit from considering the role of childhood adversity and beyond to reduce further oral health disparity" [1].

Conclusion

The result of this study showed that elders are at high risk of losing their teeth if they have experienced bitter childhood events such as trauma, physical abuse, or risky health behaviors like tobacco use or is drinking alcohol. After controlling the data regarding the socioeconomic status, diabetes and adult lung disease, we can draw this conclusion there is a link between the long-term impact of childhood trauma and abuse on the total loss of their teeth.

Bibliography

- 1. Haena Lee. "A life-course approach to total tooth loss: Testing the sensitive period, accumulation, and social mobility models in the Health and Retirement Study". *Community Dentistry and Oral Epidemiology* 47.4 (2019): 333-339.
- 2. Shawn F Kane. "The effects of oral health on systemic health". General Dentistry 65.6 (2017): 30-34.
- 3. Sham AS., et al. "The effects of tobacco use on oral health". Hong Kong Medical Journal 9.4 (2003): 271-277.
- Alexander AG. "The relationship between tobacco smoking calculus and plaque accumulation and gingivitis". *Dental Health (London)* 9.1 (1970): 6-9.
- Reibel J. "Tobacco and oral diseases. Update on the evidence, with recommendations". *Medical Principles and Practice* 12.1 (2003): 22-32.

Citation: Karimi M. "Can Childhood Social Harms Affect Tooth Loss in Adulthood?". EC Paediatrics 9.1 (2020): 119-121.

120

- 6. Ivan Darby. "Drugs and gingival bleeding". Australian Prescriber 29.6 (2006): 154-155.
- Hyyppa T and Paunio K. "Oral health and salivary factors in children with asthma". *Proceedings of the Finnish Dental Society* 75.1-2 (1979): 7-10.
- 8. McDerra EJ., et al. "Effect of disease severity and pharmacotherapy of asthma on oral health in asthmatic children". Scandinavian Journal of Dental Research 95.2 (1988): 159-164.
- 9. Davies A and Epstein JD. "Oral complications of cancer and its management". Oxford: Oxford University Press (2010): 230-240.
- Takeuchi H., *et al.* "The association of the periodontal disease with oral malodor in a Japanese population". *Oral Diseases* 16.7 (2010): 702-706.
- 11. Albandar JM and Kingman A. "Gingival recession, gingival bleeding, and dental calculus in adults 30 years of age and older in the United States, 1988-1994". *Journal of Periodontology* 70.1 (1999): 30-43.
- 12. Debaty B and Rompen E. "[Origin and treatment of bad breath]". Revue Medicale de Liege 57.5 (2002): 324-329.
- Eli I., et al. "Self-perception of breath odor: Role of body image and psychopathologic traits". Perceptual and Motor Skills 91.3 (2000): 1193-1201.
- 14. Yaegaki K and Coil JM. "Examination, classification, and treatment of halitosis clinical perspectives". *Journal of the Canadian Dental Association* 66.5 (2000): 257-261.
- 15. Motta LJ., et al. "Association between halitosis and mouth breathing in children". Clinics 66.6 (2011): 939-942.
- 16. Alamoudi N., *et al.* "Salivary characteristics of children and its relation to oral microorganism and lip mucosa dryness". *The Journal of Clinical Pediatric Dentistry* 28.3 (2004): 239-248.
- 17. Yeh CK., *et al.* "Hyperglycemia and Xerostomia are key determinants of tooth decay in type 1 diabetic mice". *Laboratory Investigation* 92.6 (2012): 868-882.
- Bajaj S., et al. "Oral manifestations in type-2 diabetes and related complications". Indian Journal of Endocrinology and Metabolism 16.5 (2012): 777-779.

Volume 9 Issue 1 January 2020 © All rights reserved by Karimi M.