

Prevention: Better to prepare than repair

Abdul Habeeb Bin Mohsin

Prevention in dentistry comprises the various procedures used by dentists, dental hygienists and others to develop scientific oral health knowledge and habits. It consists of prevention of initiation of disease, disease progression, recurrence and loss of function.

There are different levels of prevention; at primary and secondary levels it includes health promotion, community dental health education program, self-examination by individual, diet planning, oral hygiene measures, fluoridation programs, sealant program, plaque control, periodic screening and prompt treatment of incipient lesions. At tertiary level of prevention, focus is to prevent sequelae and complications of the diseases so it is important to treat well developed lesions, root canal therapy, extraction, removable and fixed prosthodontics and implants.

Appropriate protocol for planning in preventive dentistry would be recognition of problem (by patient and dental professional), significance of problem (nature, extent and severity), analyzing the problem, interpretation and presenting the plan.

According to World Health Organization (WHO), there is significant change in international health over the past few years. Oral health plays an important role in it. Health care systems are becoming more specific and people's expectations in oral health care continue to increase. Clinical research has shown that a number of preventive measures are effective in preventing most oral diseases. However, universally appropriate intervention

is not available or may be not affordable because of rapidly increasing costs and limited resources. This, together with inadequate importance on primary prevention of oral diseases, poses a considerable challenge for many [1].

Federation Dentaire Internationale (FDI) 2017 [2], highlighted the importance of having a new definition of oral health to explain the people that the dentist is responsible for the quality of life and the well-being of patients. In fact, dentist is responsible for good oral health as good dental intervention helps to eat, drink, speak and socialize.

It is very important to maintain good oral health as there is relationship between the oral health and total well-being. Because without good oral health, due to infections an individual lose self-esteem, do not speak much, will have limited social life and after that they lose their interest in life. Also there may be a deterioration of the systemic diseases if the oral health is not checked. Relation exists between diabetes, cardiovascular diseases, malnutrition and oral health.

The dentist is essential for good oral and general health. It is more important to change the image of the dentist. This is not enough; there is a need to promote the psychological approach. Dental studies have to evolve; new treatment approach should be not teeth and mouth only, but treat as a person and more important for the person is self-esteem.

In case of dental implants the role of the dentist is not over after placing implants, but to follow-up and prevent post-implant diseases. Post-treatment education is of utmost importance. It is very important to maintain good oral health and use good oral care devices as required after implant treatment.

Technological advances like the bluetooth toothbrush connected to an application can be a communication tool between the dentist and patient to read the maintenance pattern for prevention of oral health disease.

The American Dental Association (ADA) recommended dental checkups twice every year for complete oral prophylaxis and the management of conditions which are in developing or early stages [3]. In light of new study ADA (2013) [4] suggested that the

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frequency of dental checkups should be advised by the dentist depending on current oral health status of patient and health history. Based on recommendations dental disease can be prevented or stopped in its earliest stages.

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Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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