

04 Promote Oral Care to Prevent Periodontal Disease and Dental Caries

Situation

Dental health is important not only for chewing food, but also for maintaining a good quality of life by enjoying pleasant meals and conversation. Recent scientific evidence suggests that oral health abnormalities also play a role in the deterioration of general health.¹

Reflecting the public's increasing oral health consciousness, the results of the dental disease investigation — conducted once every six years by the Ministry of Health, Labour and Welfare (MHLW) — indicate that the number of persons brushing their teeth two or three times a day has been increasing yearly.² But, despite oral hygiene awareness and the improved tooth-brushing habits of the Japanese people, more than 70 percent of the population aged 20 or over have periodontal disease. Moreover, the 2011 rates for the young adult and elderly populations was higher than in 2005.²

In the United States, as a result of a recommendation by the American Dental Association (ADA) on interdental cleaning and the use of mouthwash as adjuncts to tooth brushing, the usage rate of interdental cleaning tools and mouthwash is higher than that in Japan. The difference in daily dental self-care is considered to be one reason for the apparent differences between the United States and Japan in the number of natural teeth remaining in the elderly.^{3, 4}

Current Policy

The Japanese government's Healthy Japan 21 policy goals set dental policy objectives for the prevention of dental loss and the prevention of dental caries and periodontal disease, which can cause dental loss. In October 2011, the MHLW summarized its final evaluation. The evaluation states that, of the 13 items evaluated with indicators, five items reached their goals: there were more persons in their sixties with at least 24 natural teeth, and in their eighties with 20 natural teeth; there was an increase in the ratio

of persons who had received regular dental checkups at least once in the previous year; there were seven items showing a trend toward improvement; and one item had remained unchanged.^{5,6} This improvement is thought to be due, in part, to the benefits of fluoride and health promotion campaigns that resulted in positive behavioral changes (such as greater usage of dental floss and mouthwash).

In response to these results, the MHLW reviewed the basic policy of Healthy Japan 21 (Second Version), fully revising it in July 2012 to promote a general improvement in public health, and setting up new target values for dental and oral health to 2022. In addition, in August 2011 the Dental and Oral Health Promotion Law was promulgated, which includes the recommendation that regular dental checkups be conducted.

Rather than simply treating dental caries or areas affected by periodontal disease, many dentists have begun to focus on oral checkups, evaluating the presence of dental caries and periodontal disease, and to perform regular cleaning to maintain oral health. Under the current health insurance reimbursement system, however, the compensation for early intervention and patient education is lower than that for treatment.

In 2010, based on a proposal from the National Dental Conference for Support of Motivation in Life, together with the aggressive use of the mass media, progress was made in promoting public awareness regarding preventive dentistry. The public has been broadly and thoroughly informed of the significance of the 80/20 Healthy Long-Lived Society campaign.

Progress in the Past Year: Slight Improvement

Information on Healthy Japan 21 (Second Version) is listed on the MHLW website. Systematic efforts are progressing with the

establishment in September 2013 of the Health Promotion Division in the MLHW.

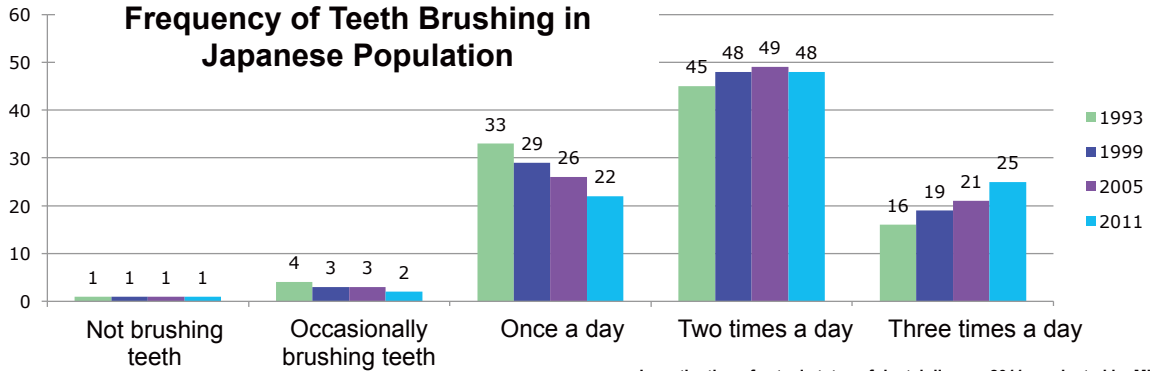
Recommendations

- Encourage the prevention of periodontal disease, promote instruction in interdental cleaning (interdental brushing and dental flossing), based on the individual's oral condition, promote the use of chemical plaque control agents (mouthwash), and the provision of conventional coaching in tooth brushing by dentists and dental hygienists.
- Promote the prevention of gingivitis, which is frequently observed in the younger population, add to the coaching in tooth brushing, that is part of school children's oral hygiene education, instruction in interdental cleaning (interdental brushing and dental flossing).
- Under the health insurance reimbursement system, provide higher compensation incentives for dentists to educate their patients in the prevention of dental caries and periodontal disease.
- Further promote use of fluoride in oral care and prevent cavities, revise the Medicated Dentifrice Approval Standard by raising the maximum fluoride concentration allowed in medicated toothpaste (quasi-drug) in conformity with international practice; and make it possible in the near term to add fluoride to mouthwash and liquid dentifrice products (quasi-drug).



References

1. Japan Dental Hygienists' Association. 2009. Guideline for periodontal disease and general health- physical health begins with prevention of periodontal disease. pp. 14-27. Ministry of Health, Labour and Welfare. Investigation of the actual status of dental disease in 2011.
2. American Chamber of Commerce in Japan. 2011. National survey on prevention, early detection and the economic burden of disease in Japan; and American Chamber of Commerce in Japan. 2012. Questions concerning oral health, nationwide (n=5,000).
3. 8020 Promotion Foundation. International oral health data bank (international comparison of substantial investigations of dental diseases of Japan and other countries).
4. 8020 Promotion Foundation www.8020zaidan.or.jp. Healthy Japan 21 www.kenkounippon21.gr.jp.
5. Ministry of Health, Labour and Welfare, Office for Life-Style Related Diseases Control, General Affairs Division, Health Service Bureau. 2011. Healthy Japan 21. Final evaluation (October 13).
6. On the establishment of the Health Promotion Division (Reference 1).

4. Brushing Frequency Has Risen, but Use of Mouthwash, Interdental Cleaning Are Low



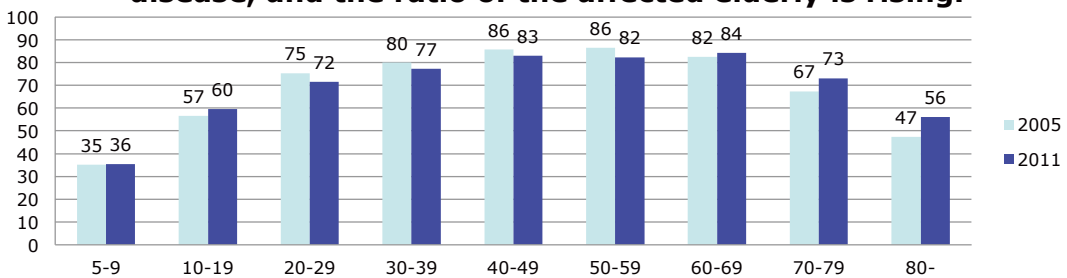
Investigation of actual status of dental disease 2011 conducted by MHLW

Usage rate in Japan and US	Teeth brush (twice a day)	Interdental cleaning tool	Mouthwash
	73% ¹⁾	43% ²⁾	34% ³⁾
	76% ⁴⁾	74% ⁴⁾	63% ⁴⁾

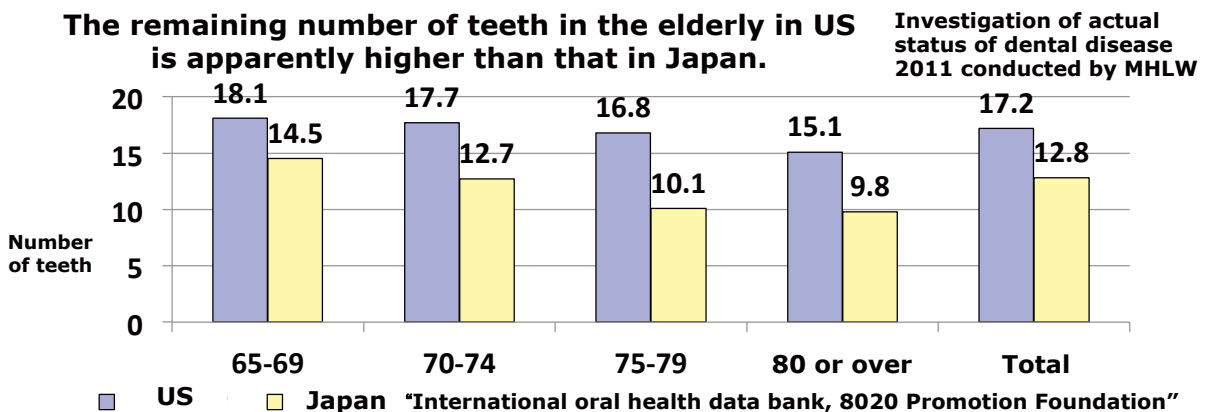
- 1) Results of investigation of actual status of dental disease in 2011 (MHLW; n=4253)
- 2) The frequency of using interdental cleaning device is at least 2 times every week and regular checkup is at least once every year --- from "Attitude Survey concerning Prevention, Early Detection, and Economic Burden of Disease -- Questions concerning Oral Health" by ACCJ, February 2012, Nationwide (n=5000)
- 3) Investigated by Johnson & Johnson in 2012. Nationwide (n=1881). Having used once or more in the past 1 month (%).
- 4) WHO International Collaborative Study II in 1997.

4. Further Measures Required for Periodontal Diseases Centering on Middle-aged and Elderly People

More than 70% of people aged 20 or more are still affected by periodontal disease, and the ratio of the affected elderly is rising.



The remaining number of teeth in the elderly in US is apparently higher than that in Japan.



"International oral health data bank, 8020 Promotion Foundation"

4. Most of the Goals of First-Stage Healthy Japan 21 were Achieved

Goals	Subject	Baseline	Interim Result	Goal	Final Assessment
Increase in infants without dental caries (aged 3)	National average	59.5%	77.1%	80% or higher	B
Increase in infants having been received fluoride application on teeth surface (aged 3)	National average	39.6%	64.6%	50% or higher	A
Decrease in infants having habit of frequently eating or drinking sweetened food/beverage as snacks (aged 1.5)	National average	29.9%	19.5%	15% or lower	C
Decrease in average dental caries per person (aged 12)	National average	2.9 teeth	1.3 teeth	1 tooth or less	B
Increase in use of fluoride-containing dentifrice in school children	National average	45.6%	86.3%	90% or higher	B
Increase in population who receive individual interdental cleaning training in school children (in the past 1 year)	National average	12.8%	20.0%	30% or higher	B
Decrease in advanced periodontitis (incidence)	Age 40	32.0%	18.3%	22% or lower	A
	Age 50	46.9%	27.6%	33% or lower	A
Increase in use of interdental cleaning tools (rate of users)	Age 40	19.3%	44.6%	50% or higher	B
	Age 50	17.8%	45.7%	50% or higher	B
Increase in people who have their own teeth	20+ teeth at age 80	11.5%	26.8%	20% or higher	A
	24+ teeth at age 60	44.1%	56.2%	50% or higher	A
Increase in people who receive regular dental scaling or cleaning of dental surface (in the past 1 year)	Age 60	15.9%	43.0%	30% or higher	A
Increase in people who receive regular dental examination (in the past 1 year)	Age 60	16.4%	36.8%	30% or higher	A

Source: Final Evaluation of "Healthy Japan 21" by Office for Life-Style Related Diseases Control, MHLW, October 2011.

4. Oral Care Related Numerical Policy Goals for 2022 in Healthy Japan 21 (Second Version)

Goals	Subject	Baseline	2022 Target
Increase in people in their 60's with good chewing ability	60's	73.4%	80%
Increase in 80-year-old people with 20+ natural teeth	Age 80	25.0%	50%
Increase in 60-year-old people with 24+ natural teeth	Age 60	60.2%	70%
Increase in the ratio of people with no missing tooth	Age 40	54.1%	75%
Decrease in people in their 20's with observations of inflammation in the gum	20's	31.7%	25%
Decrease in people in their 40's with advanced periodontitis	40's	37.3%	25%
Decrease in people in their 60's with advanced periodontitis	60's	54.7%	45%
Ratio of prefectures (states) where the ratio of 3-year-old infants without dental caries	Age 3	6	23
Increase in prefectures (states) where average number of dental caries per 12-year old child is less than 1	Age 12	7	28
Increase in the number of people who received dental checkup in the last year (20 year old or more)	Age 20+	34.1%	65%

Source: Healthy Japan 21 (Second Version), Regional Public Health Promotion Nutrition Subcommittee, Health Sciences Council, July 2012.