EDITORIAL

NEED OF THE HOUR - PREVENTIVE ORAL HEALTH

Sri Lanka in recent times has produced specialists and super specialists in the field of dentistry. Their services however, are limited to a small sector of the population for numerous reasons which, I shall not discuss. In the backdrop of the above mentioned specializations, it is worthwhile to appraise the situation with regard to the prevalence of common preventable oral diseases in Sri Lanka.

According to the available published data on oral diseases in Sri Lanka, the occurrence of common oral diseases such as dental caries and periodontal diseases are widespread. Sri Lankan National Oral Health Survey 2002/2003, reports the prevalence of early childhood caries among 5-year olds as 65% and caries among 12 year olds as 40%. In addition, epidemiological studies carried out in different populations in the country show the prevalence of oral diseases among pregnant women, preschool children and elderly is high. In this context of high disease burden, it is more appropriate to focus on planning programmes geared for prevention of oral diseases. These programmes could be planned with specific population groups such as pregnant women, preschool children and elderly in mind.

It is imperative to ask ourselves a few important
questions with regard to prevention of oral diseases in Sri Lanka. Can we do it alone as an oral health care workforce? Do we have sufficient resources? Can we integrate our preventive messages into an already established primary health care system? What is the most economical approach in terms of manpower as well as cost effectiveness? Last but not least, do we have a adequate and reliable database of our own, needed to plan effective oral health promotion and disease preventive programmes suitable for Sri Lanka?

Due to high dentist to population ratio in the country(0.8:10000)there is a dire need to explore the possibility of utilizing alternative manpower resources that could be trained to deliver oral disease preventive programmes. Is it possible to incorporate oral health care in the already established primary health care service which is being provided in the medical sector? If it is feasible primary health care workers who operate island wide at grass root levels need to be trained to deliver messages on oral health promotion and disease prevention. The use of primary healthcare workers in oral health promotion appears to be a viable alternative as it has already been shown to be effective in oral cancer and precancer screening in the past. Furthermore, utilizing primary healthcare workers as the first line of prevention in the delivery of oral health messages should be cost effective too.

In addition, utilizing preschool setting to deliver oral health messages through trained preschool teachers and promoting oral health in schools by integrating it into general health promotion, school curricula and activities would also strengthen the effectiveness of the preventive programmes as healthy behaviours and lifestyles developed at an early age are more sustainable. In conclusion, it's apparent that Sri Lanka needs a viable oral health care programme with a major preventive bias. It is the responsibility of every dental practitioner to contribute in some form, towards preventive oral health and not confine themselves to curative, symptomatic or aesthetic care.

Further, there is a scarcity of research studies of public and professional knowledge, attitudes, and practices towards prevention of oral diseases. Hence, there is a need for research into these aspects and the generated data would be useful in developing tailored oral health promotion and disease prevention programmes. Similarly, the need for data on the impact of existing oral health services is a necessity to evaluate and to improve the existing preventive programmes.

**Sunethra Rajapakse**  
BDS(SL), MPhil(SL) PhD (Melbourne)  
Senior Professor in Periodontology, Faculty of Dental Science University of Peradeniya  
At present (Visiting Scholar, Department of Periodontics, University of Washington, Seattle, WA, USA)

**References**


