

Cariogenic food and drink consumption and dental problems in 3 and 5-year olds

M. Crowe *1, M. O'Sullivan 1, O. Cassetti 1 and A. O' Sullivan 2, ¹Dublin Dental University Hospital, Trinity College Dublin, ²Institute of Food and Health, University College Dublin





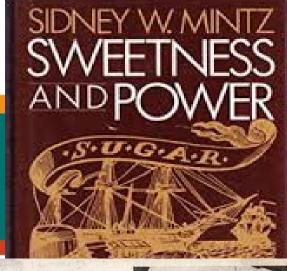




Cariogenic Food and Drink







SEARCH 'CHANGE4LIFE' TO DOWNLOAD THE SUGAR SMART APP AND FIND OUT HOV

The information in branch to one in White black is one



Health returns with

LUCOZADE

people all over the country have cause to be grateful for this wonderful drink

People with homes and families

When sickness strikes at the heart of a family there's worry in the home — and is happy organization is upset. This is the time when Lucozade is such a blessing at the bedside. Over and over again its remarkable energy-giving qualities have been proved — in sickness, convalescenceand in plain, everyday tiredness. Proved by doctors, proved by nurses, proved by people in every

People like us!

We can find priceless benefits for ourselves and our children in Lucosade. The benefit of resistance to illness and, if it does strike, the benefit of aid to speedy recovery. Yes, Lucosade is a remarkable drink, winning eager acceptance even when nothing ehe can be kept down, stimulating the reluctant appetite of a listless patient. So do be wise this winter—keep Lucosade by you always! Doctors and Nurses me Lucosade in Clinics, Hupitash, Nuring Homes and Schoels.

We receive letters like this every week

"I have two young children who have just recovered from measles and who on their speedy recovery to the fact that when juded appetite were the order of the day we introduced Lucowade to their diet and that did the trick completely -, and they gicked up wonderfully. We would not be without it now for anything. Mr. H. Northfeld, Normick, Northeld

LUCOZADE the sparkling glucose drink

REPLACES LOST ENERGY



"The mischief's back in his eyes once more'



"It's a job to keep Agatha in bed now



Dental Public Health Relevance

- Dental caries main reason for "dental problem visits" (Declerck, 2008; Leroy, 2013; Luzzi, 2013)
- Primary dentition dental caries: 620 million children worldwide in 2010 (Kassebaum, 2015)
- Main source oral pain through childhood (Selwitz, 2007)
- Best predictor of future caries in permanent dentition (Tinanoff, 2009;Gussy, 2006)
- First dental visit before 12months (AAPD, 2016)



Simple dental health model

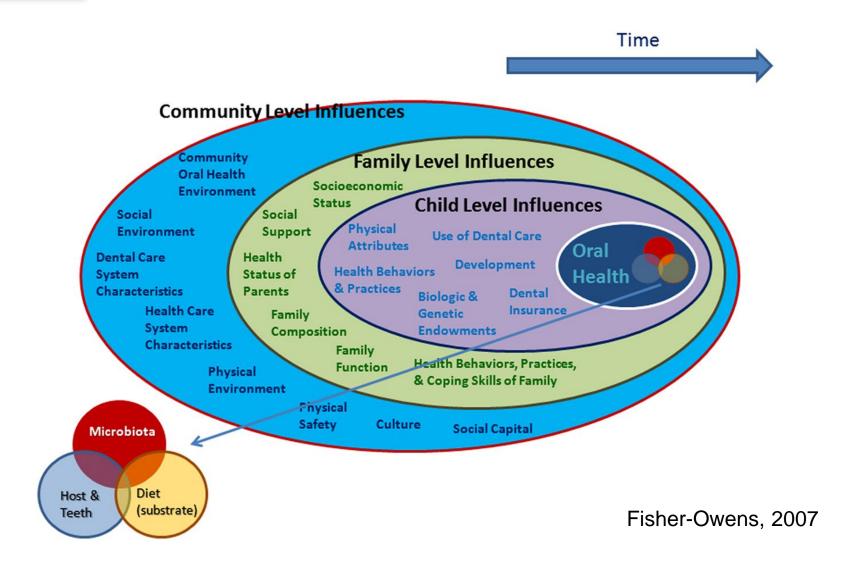
Early Childhood Caries: The presence of one or more decayed, missing or filled teeth in children aged up to 71 months

biofilm Surface

Time



Dental Problems





Cariogenic food and drink







SUGARY CEREALS Sugar content per 100g Adult recommended daily sugar intake is 90g (Dieticians Association

of Australia)

CEREALS

salt intake is 6g or 24 pinches (National Medical and Health Research Council)



41.3g

0.9

Nutri-Grain Cornflakes Rice Bubbles 0.8

0.8

Crunchy Nu Clusters 28.9

















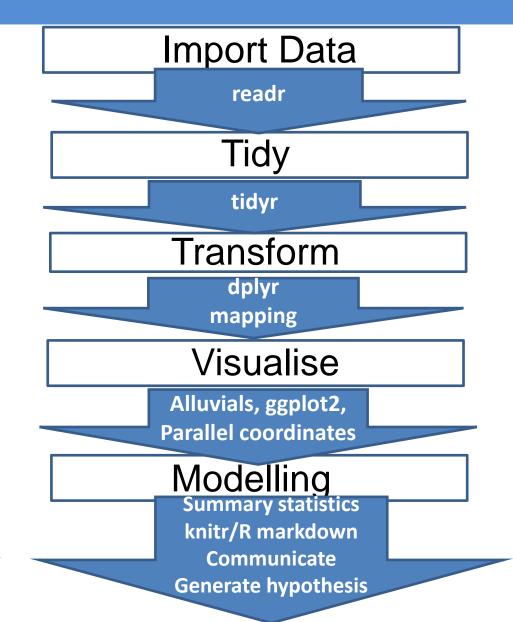


Methods

- GUI Infant cohort: 3 years (n=9,793) and 5 years (n=9001)
- Frequency Questionnaires- SFQ v FFQ
- Dental problem requiring visit to dentist
- Secondary data analysis, waves 2 and 3 GUI
- R studio/R markdown (http://cran.us.r-project.org
 http://rmarkdown.rstudio.com)
- Data visualisation: Parallel coordinates/Alluvials



Data Pipeline





Data Mapping

Μ	D	·	U	C
var5YO	Description5YO	var3YO	Description3YO	
opc3C26a	C26a. Ready to eat breakfast cereals			
ppc3C26b	C26b. Other breakfast cereals e.g. porridge			
ppc3C26c	C26c. White bread and rolls			
ppc3C26d	C26d. Wholemeal, brown bread and rolls			
ppc3C26e	C26e. Other breads e.g. scones, croissants			
opc3C26f	C26f. Savoury breads, e.g. pizza			
opc3C26g	C26g. Rice, pasta, noodles			
opc3C26h	C26h. Cakes, pastries, buns	bpcn09g	C25g. Biscuits, doughnuts, cake, pie or chocolate	
opc3C26i	C26i. Biscuits - any	bpcn09g	C25g. Biscuits, doughnuts, cake, pie or chocolate	
opc3C26j	C26j. Chocolate or confectionery	bpcn09g	C25g. Biscuits, doughnuts, cake, pie or chocolate	
pc3C26k	C26k. Other sweets	bpcn09h	C25h. Sweets	
pc3C26l	C26I. Ice cream or ice Iollies	bpcn09h	C25h. Sweets	
opc3C26m	C26m. Puddings & chilled desserts	bpcn09h	C25h. Sweets	*
pc3C26n	C26n. Yoghurt (flavoured or plain but not fromage frais)	bpcn09i	C25i. Full fat cheese/yoghurt/ fromage frais	*
эрc3C26o	C26o. Fromage frais (e.g. Petit Filous)	bpcn09i	C25i. Full fat cheese/yoghurt/ fromage frais	*
эрс3С26р	C26p. Cheese or cheese spread	bpcn09i	C25i. Full fat cheese/yoghurt/ fromage frais	*
opc3C26q	C26q. Milk (cow's)	bpcn09n	C25n. Full cream milk or full cream milk products	
opc3C26r	C26r. Eggs (include in home cooking)			
opc3C26s	C26s. Fruit squash (tropical fruit, lemon barley, etc)	bpcn09m	C25m. Fizzy drinks / minerals / cordial / squash (not diet)	
opc3C26t	C26t. Fruit juice (not squash)	bpcn09m	C25m. Fizzy drinks / minerals / cordial / squash (not diet)	
opc3C26u	C26u. Blackcurrant only drinks	bpcn09m	C25m. Fizzy drinks / minerals / cordial / squash (not diet)	
opc3C26v	C26v. Fizzy drinks (not mineral water, sugar-free or diet)	bpcn09l	C25I. Fizzy drinks / minerals / cordial / squash (diet)	Remove this (DIET)



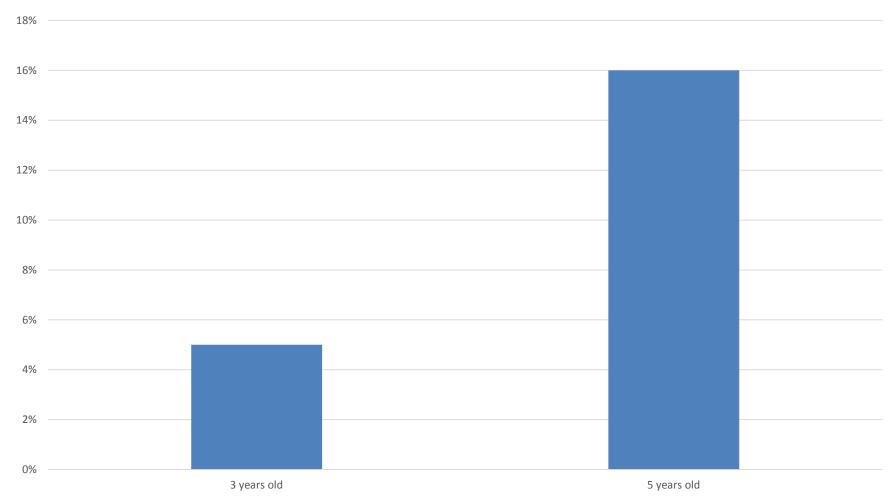
Objectives

- Prevalence of Dental problem visits
- Cariogenic food intake at 3 and 5 years of age
- Cariogenic food at 5 years V dental problem
- Cariogenic food change from 3 to 5 years



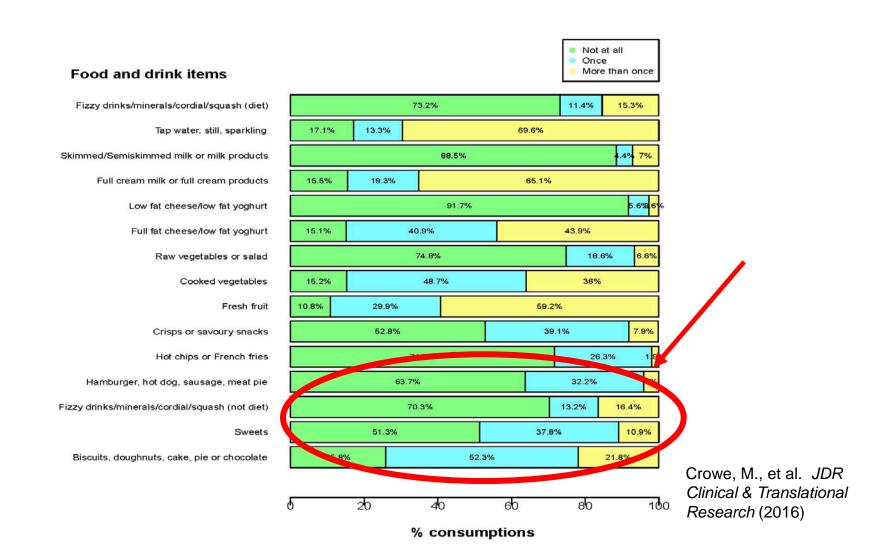
Prevalence Dental problem

Dental Problem



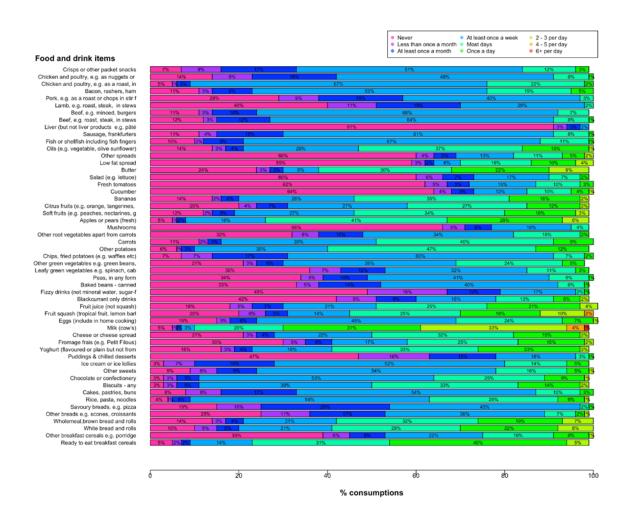


Short Food questionnaire at 3 Years



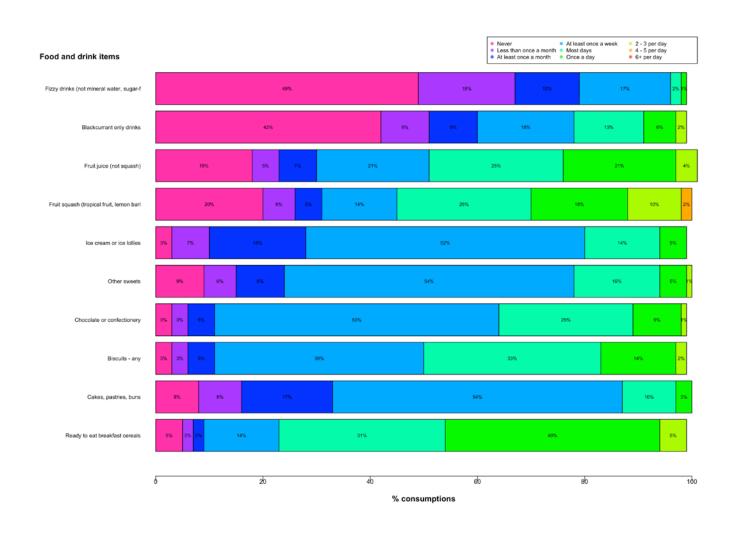


Full food frequency questionnaire at 5 Years



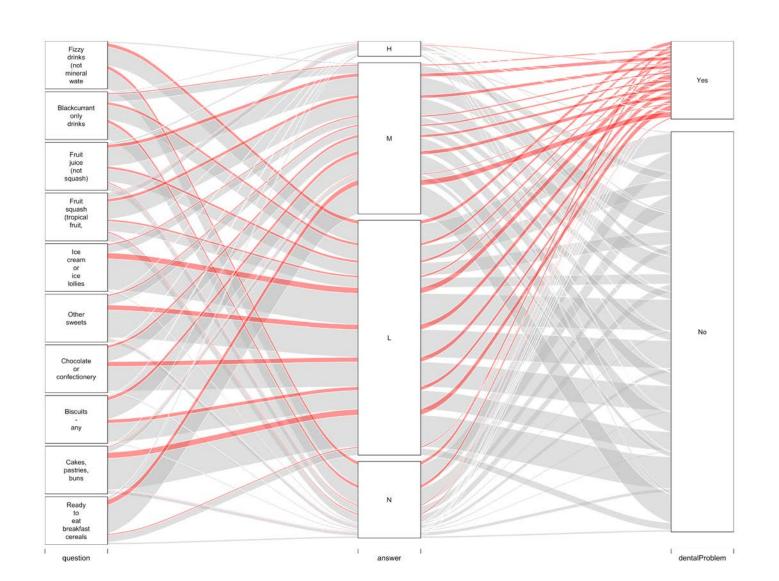


Cariogenic food at 5 years



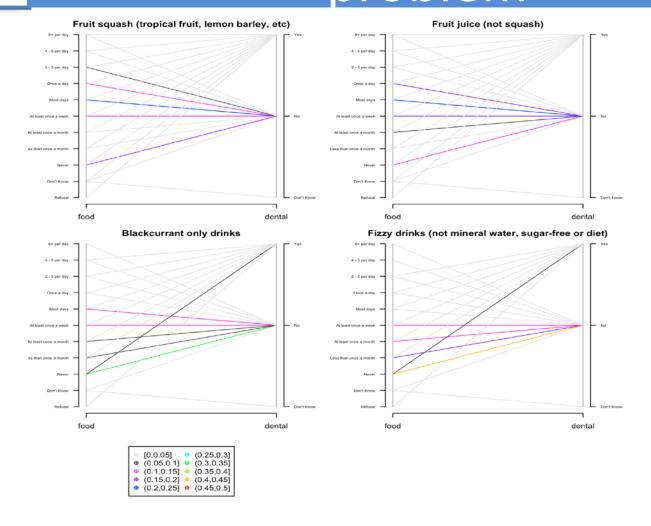


All Cariogenic food 5 years



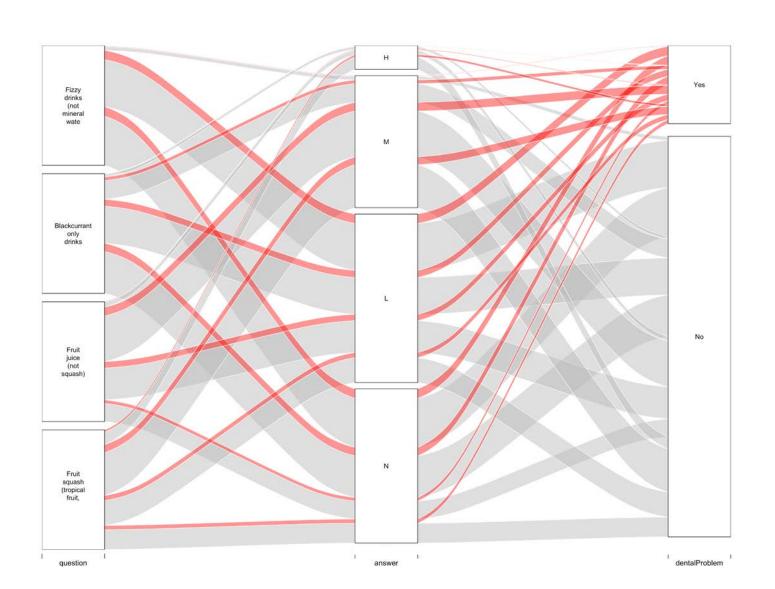


Sugary drinks 5 yo and dental problem





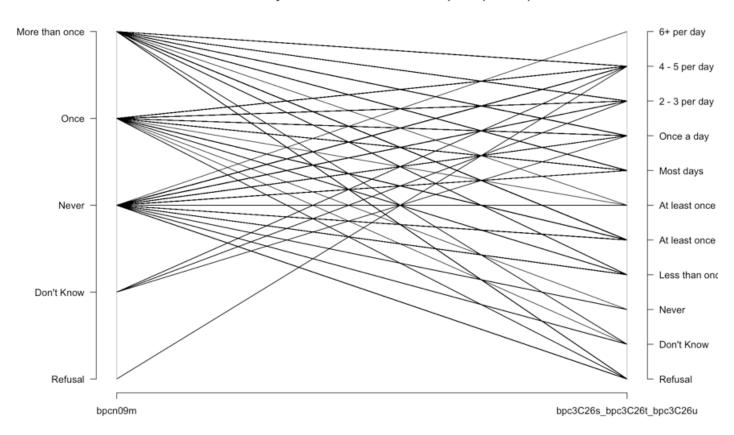
Sugary drinks 5 yo and dental problem





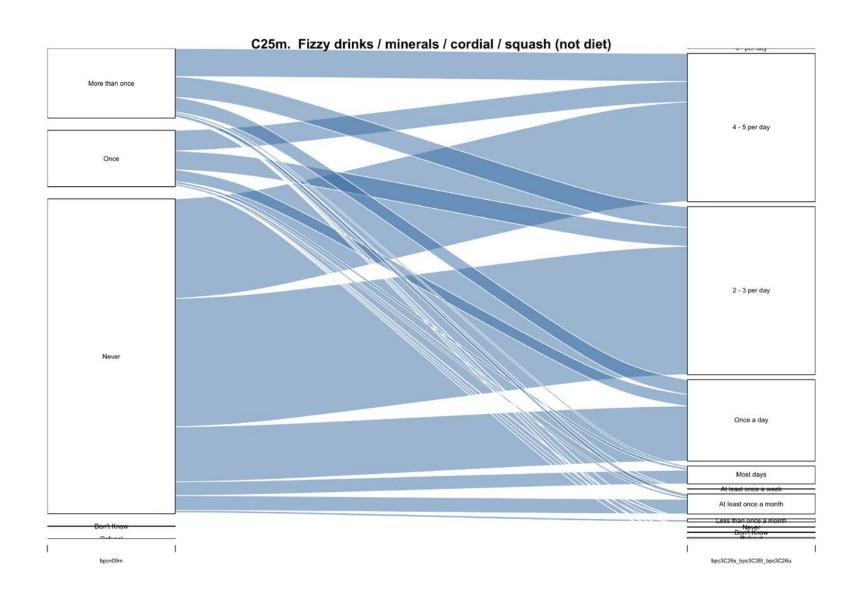
Sugary drinks: 3 to 5 years

C25m. Fizzy drinks / minerals / cordial / squash (not diet)



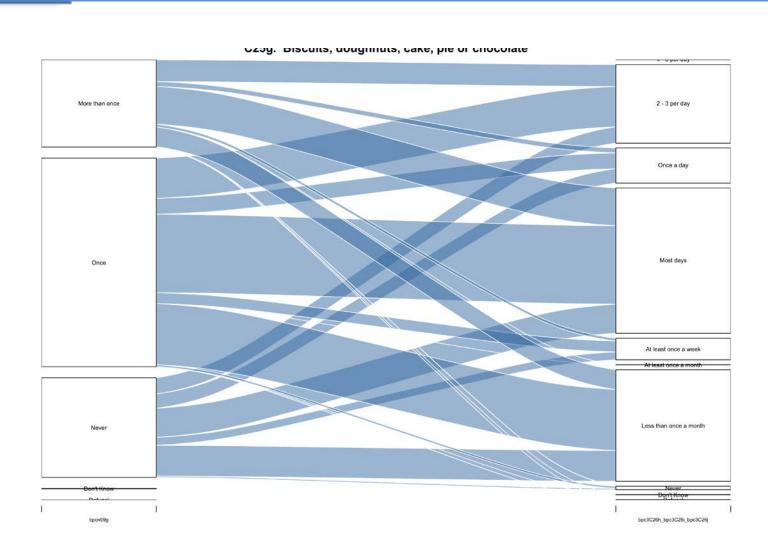


Sugary drinks: 3 to 5years





Biscuits, cake: 3 to 5 years





Conclusions

- Overall intake CF groups high compared to recommended dietary guidelines
- Appears to be increased frequency intake of CF from 3 to 5 years
- Those "never consumed" sugary drinks at 3 years increased to 53% consuming 2-5/day at 5 years
- No association found with dental problem visits
- Different pattern intake with different CF items



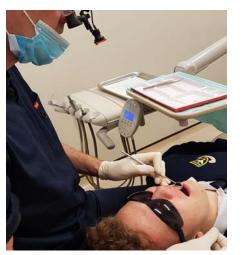
Limitations

- Assumed dental problem outcome ECC
- Assumed all CF had same impact on dental problem visit
- Mapping due to different food questionnaires
- Limitations with all dietary assessment methods



Current/Future work

- Meal V Snacks- frequency V amount
- Association analysis CF components (in press)
- Child cohort GUI: diet and dental variables
- Match/link datasets national food surveys
- Nested study- clinical dental examinations





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Questions?



Any queries? Please contact: michael.crowe@dental.tcd.ie