ORIGINAL ARTICLE

THE RELATION BETWEEN SUGAR CONTAINING SNACKS, TOOTH BRUSHING AND DMFT IN CHILDREN AGED 3-12 YEARS OLD ATTENDING QUEEN RANIA CHILDREN'S HOSPITAL, JORDAN

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ABSTRACT

The objectives of this study were: (1) - to assess the relationship between consumption of sugar containing snacks, drinks and DMFT of children aged 3-12 years. (2) - to determine the relationship between frequency of tooth brushing per week and DMFT of children aged 3-12 years.

A total of 100 children aged 3-12-year-old, with no identified medical problem attending Queen Rania Children's Hospital-Jordan were included in the study. Data was collected through a questionnaire completed by interviewing the parents. Questionnaire contained information regarding the gender, age, weekly average consumption of sugar containing snacks and drinks, weekly average number of tooth brushing. DMFT was scored through a clinical examination carried out by a pediatric dentist.

Positive correlation was found between frequency of consumption of sugars containing snacks, drinks and DMFT. There was a negative correlation between frequency of tooth brushing per week and DMFT.

Keywords: sugar containing snacks, brushing, dental caries.

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INTRODUCTION

The concerns regarding the increased consumption of sugar containing snacks and drinks have increased in many countries 1-3, and it has increased among children of all ages over the past few decades. 4 Consumption of high amount of sugar provides cariogenic bacteria a substrate to metabolize producing acids which have negative effect on oral health and the dentition.4 Currently, dental caries is the greatest global oral health problem with 60-90% of school children affected worldwide. There are many consequences of dental caries which affect the children's quality of life in addition to high treatment costs.6-10

and oral health has been established 13, there is little information regarding the impact of changes in diet habits and consumption of sugar containing foods on oral health among Jordanian children.

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Although the relationship between sugar intake

The aims of the study were to determine relationship between consumption of sugar containing snacks, drinks and DMFT among a sample of 100 children aged 3-12 years old and to record relationship between frequency of tooth brushing per week and DMFT among a sample of a 100 children aged 3-12 years old.

METHODS

This was a cross sectional study and the participants were children attending the Pediatric Dentistry Department, Queen Rania Children's Hospital, Jordan. Only healthy children with an age range of 3-12 years were included in the study. Children having a disability or those who were medically compromised were excluded from the study.

The sample size was determined using a pilot study. The effect size was estimated at 0.39. On the basis of a significance level of alpha 0.05, the sample size was calculated to achieve 80% power and it showed that 85.

Among the daily patients visiting the department, 150 children were evaluated based on the inclusion criteria. One hundred patients were found suitable for the research protocol after clinical examination by a pediatric dentist. The other subjects were not suitable

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for recruitment in the study due to reasons related to their medical condition.

Ethical approval was obtained from the Human Research Ethics Committee at the Royal Medical Services under number 54-2-2020. A detailed explanation concerning the study was presented to the patients and their parents. A consent form was signed by the parents.

Data was collected through a questionnaire completed by interviewing the parents. Questionnaire contained information regarding the gender, age, weekly average consumption of sugar containing snacks and drinks, weekly average number of tooth brushing. DMFT was scored through a clinical examination carried out by a pediatric dentist.

RESULTS

There was a high average weekly consumption of sugar containing snacks and drinks by the participants as shown in table-1. The participants of the study brushed their teeth 5.3 times a week on average (table-1) which is less than recommended. A high DMFT with an average of 7.4 for the study participants was recorded (much higher than WHO target).

A positive correlation between weekly average consumption of sugar containing snacks and drinks and DMFT was found with a correlation value shown in table-2. A negative correlation was found between weekly average number of times of tooth brushing and DMFT with a correlation value of - 85.42 % (table-2).

TABLE 1: WEEKLY AVERAGE CONSUMPTION OF SUGAR CONTAINING ITEMS AND ORAL HYGIENE MEASURES

Weekly Average Consumption of Sugar Containing Items				
S. No	Name of Sugar con- taining Item	Weekly Average Consumption		
1	Confectionary	10.49		
2	Drinks	7.05		
Total	17.54			
Weekly Average Oral Hygiene Measures				
S. No	Name of Oral Hygiene Measure	Weekly Av- erage Perfor- mance		
1	Toothbrushing	5.3		

TABLE 2: CORRELATION OF DIFFERENT VARI-ABLES WITH DMFT

Correlation of Weekly Average Consumption of Sugar Containing Items with DMFT			
S. No	Variable	Correlation Coefficient or Coefficient of Deter- mination (R2)	
1	Confectionary	60%	
2	Drinks	40%	
Correlation of Weekly Average Toothbrushing with DMFT			
1	Toothbrushing	- 85.42%	

TABLE 3

Study	Results	
Ismail et al, 1984	Positive association between caries risk and soft drinks consumption	
Heller et al, 2001	Positive association between DMFT and daily sugared soda consumption	
Sayegh et al, 2002	Consumption of confectionary is associated with high caries prevalence	
Neha Zahid et al, 2020	Significant associations observed between the significant caries index and dietary consumption of sweets and processed snacks.	
Johansson et al, 2010	The proportions of children with caries increased by increasing number sweet items reported to be eaten most days.	
	A significantly higher proportion of children with visible plaque had caries.	

DISCUSSION

This study aimed to assess the relation between consumption of sugar containing snacks and drinks and DMFT and also to assess the relation between number of times of weekly toothbrushing and DMFT in a group of Jordanian children.

A positive correlation was found between weekly average consumption of sugar containing snacks and drinks and DMFT in this study. This finding is in agreement with findings of many other studies (table-3). The high-frequency consumption of processed sugars containing food was associated with greater dental caries experience in many prospective studies of children and adolescent population.¹⁶

The present study showed that snacking on sugar products, as well as in the presence of plaque due to low frequency of toothbrushing were associated with increased DMFT among Jordanian children. Table-3 shows other studies that demonstrate the association between confectionary/soft drink consumption and dental caries ¹⁷⁻²² and the association between plaque due to lack of tooth brushing and dental caries.²¹

CONCLUSIONS

This study revealed association between high consumption of sugar containing snacks and drinks and a high DMFT in Jordanian children. The study also revealed an association between low frequency of toothbrushing and high DMFT.

Recommendations

The results of this study show that there is a great need for preventive oral health programs nationwide. These preventive programs may be implemented through schools and other oral health care providing services and might involve children as well as parents.

REFERENCES

- 1 Ng W et al. Patterns and trends of beverage consumption among children and adults in Great Britain . Br J Nutr. 2012; 108 (3):536-51.
- Wang C, et al. Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents. Pediatrics. 2008; 121(6):1604-14.
- 3 Zhai Y, et al. Dynamics of the Chinese diet and the role of urbanicity. Obes Rev. 2014; 15(01):16-26.
- 4 Jialan H, et al. Consumption frequency of added sugars and UK children's dental caries. Community Dent Oral Epidemiol.2018; 46(5):457-64.
- 5 Petersen E, Lennon A. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. Community Dent Oral Epidemiol. 2004; 32(5):319-21.
- 6 Do G, Spencer A. Oral health-related quality of life of children by dental caries and fluorosis experience. J Public Health Dent. 2007; 67(3):132-39.
- 7 Kassebaum J. Global burden of untreated caries: a systematic review and metaregression. J Dent Res. 2015; 94(5):650-58.
- 8 Listl S, et al. Global economic impact of dental diseases. J Dent Res. 2015; 94(10):1355-61.

- 9 Sheiham A, James P. A new understanding of the relationship between sugars, dental caries and fluoride use: implications for limits on sugars consumption. Public Health Nutr. 2014; 17(10):2176-84.
- 10 World Health Organisation. Guideline: Sugars Intake for Adults and Children. Geneva: World Health Organisation. Paediatr2018; 107(10):1733-86.
- 11 Touger-Decker R, van Loveren C. Sugars and dental caries. Am J Clin Nutr. 2003; 78(4):881-92.
- 12 Burt A, Pai S. Sugar consumption and caries risk: a systematic review. J Dent Educ. 2001; 65(10):1017-23.
- 13 S. Vega-Lopez1. Association of added sugar intake and caries-related experiences among individuals of Mexican origin. Community Dent Oral Epidemiol. 2018; 46(4):376-84
- Maupome G, et al. Psychological and behavioral acculturation in a social network of Mexican Americans in the United States and use of dental services. Community Dent Oral Epidemiol. 2016; 44(6):540-48.
- Maupome G,. Dental problems and familismo: social network discussion of oral health issues among adults of Mexican origin living in the Midwest United States. Community Dent Health. 2016; 33(4):303-08
- 16 Hancock S, et al. The consumption of processed sugar- and starch containing foods, and dental caries: a systematic review. Eur J Oral Sci. 2020; 128(6):467-75.
- 17 Ismail AI, et al. The cariogenecity of soft drinks in the United States. J Am Dent Assoc.1984; 109(2):241-45.
- 18 A. Sayegh, EL Dini, RD Holt and R Bedi. Food and drink consumption, sociodemographic factors and dental caries in 4-5-year-old children in Amman, Jordan. Br. Dent J 2002; 193(1):37-42
- 19 Heller E, et al. Sugared soda consumption and dental caries in the United States. J Dent Res. 2001; 80(10):1949-53.
- 20 Colwyn J, et al. Sugar, drinks, deprivation and dental caries in 14 year old children in the north west of England in1995. Community dental health 1999;16(2):68-71
- 21 Johansson I, et al. Snacking Habits and Caries in Young Children. Caries Research. 2010; 44(5); 421-30
- 22 Zahid N, et al. Associations between Child Snack and Beverage Consumption, Severe Dental Caries, and Malnutrition in Nepal. Int J. Environ Res Public Health. 2020; 17(21):7911.
- 23 Petersen E. Global policy for improvement of oral health in the 21st century-implications to oral health research of World Health Assembly 2007, World Health Organization. Community Dent Oral Epidemiol. 2009; 37(1):1-8.
- 24 Petersen E. The World Oral Health Report 2003: Continuous improvement of oral health in the 21th century-the approach of the WHO Global Health Programme.Community Dent Oral Epidemiol.2003;(suppl1):3-23.

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2 Basma K. Sakarneh: Supervised the work

3 Enas F. Othman: Collected data and examined the patients

4 Ayman F. Alelaimat: Analysed and interpreted data

5 Lina K. Obeidat: Revised the manuscript. Collected references