

**Kariesepidemiologi**  
*Karies - et  
samfunnshelseproblem?*

*Asbjørn Jokstad  
Institutt for klinisk odontologi  
Universitetet i Oslo*

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**Hvilken betydning har  
karies i et  
samfunnshelseperspektiv?**

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**Norge ???!**

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Hvilken betydning har karies i et samfunnshelseperspektiv?

## ■ WHO - World Health Organization

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Hvilken betydning har karies i et samfunnshelseperspektiv?

## ■ WHO - World Health Organization

## ■ Verdensbanken

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## Verdensbanken – global helse; fremtidsprosjeksjoner



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## Verdensbanken – global helse; fremtidsprosjeksjoner

DALYS - the disability-adjusted life-year.

Makes it possible to estimate the burden of major diseases, injuries, and risk factors.

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Hvilken betydning har karies i et samfunnshelseperspektiv?

- WHO - World Health Organization
- Verdensbankens helse, kost og populasjonsstatistikk
- FDI - Federation Dentaire International

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  - FDI - Federation Dentaire International
- USA:
- CDC - Center for Disease Control

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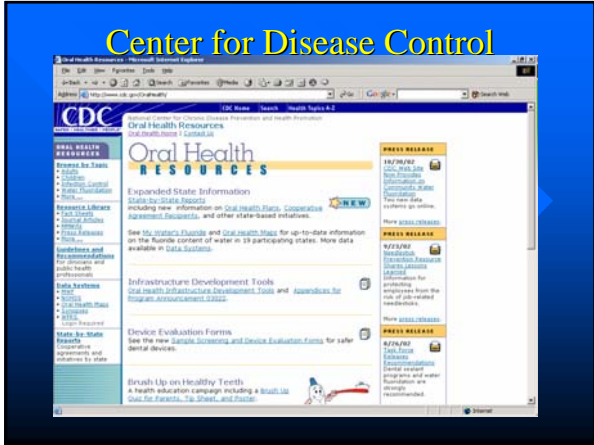
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  - NIDCR - National Institute of Dental & Craniofacial Research

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## National Institutes of Health - Videosekvenser om kariologi



NIH Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life

DAG 1

DAG 2

DAG 3

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Norge ???!

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## Hensikter med kariesepidemiologi

1. Studere trender i oral helse og sykdom over tid
2. Reallokering av forebyggende tiltak
3. Evaluering av programmer
4. Kartlegging av behandlingsbehov
5. Oral helse på dagsorden

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## Kariesepidemiologiske data i Norge gjennom 20 år

- Barn og ungdom
- Rekrutter
- Voksne
- Institusjon /eldre

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### Hensikter med kariesepidemiologi

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## Kariesepidemiologiske studier i Norge 1982-2002

- Barn og ungdom
  - Helsedirektoratet årsmeldinger 5, 12, 18år: 1984 - 2002
  - Ole Haugejorden
  - Fr Ramm von der Fehr
  - Jan M Birkeland
  - Nina Wang 1990-2000

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## Kariesepidemiologiske studier i Norge 1982-2002

- Rekrutter
  - Birkeland/Asmyhr/Grytten 1994
- Voksne
  - Trøndelag, 1983 (Bærum ea. Helsetilsynet)
  - 1994 (Schuller/Holst 1998 – 2001)
  - Oslo, Berset/Bjertness/Eriksen/Hansen 1977 – 1992
- Eldre
  - Heløe / Holst / Rise 1984 –1988
  - Axell 2001/2002
- Institusjon
  - Ambjørnsen/Jokstad 1986-1996

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## Karies i Norge – vi vet at

- Karies er blitt kraftig redusert i de siste 30 årene
- Karies er fortsatt relatert til geografi og levekår – det eksisterer ulike risikogrupper
  - » Immigrantbakgrunn, utdanningsnivå, leskedrikk, sukkerinntak,
- Mest vanlig er fissurkaries;
  - glattflate- og fortannskaries er nesten borte;
  - sekundærkaries er en viktig faktor

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## Hvordan manipulere med tall?

- Antall tenner ekstrahert pga karies e.g. pr 100 barn
- DMFT .....sekundærkaries?
- Antall fyllte tannflater (FS)
- Flater fylt per individ per år
- Andel barn/individer uten kaviteter
- dmft
- Kalibrering og diagnostikk??!

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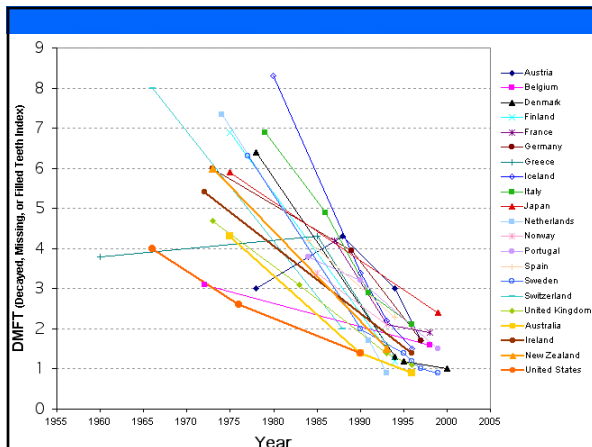
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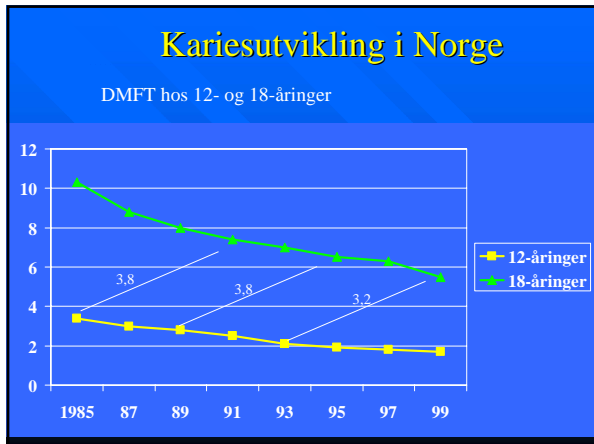
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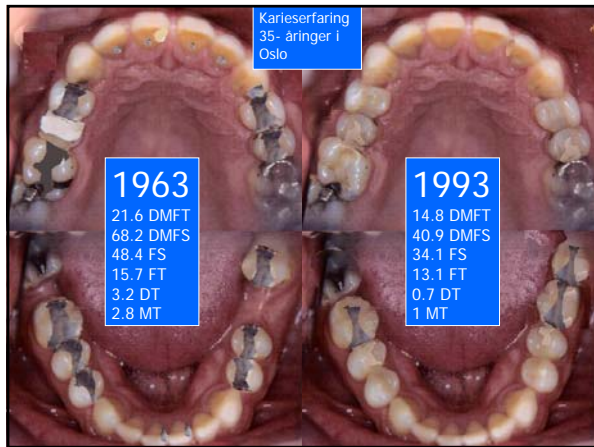
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### Eldre i institusjon

	1993	1980	P*
	n=112	n=38	
Dental treatment (DMFT)	22.9	25.7	.001
Missing teeth (MT)	16.3	20.0	.01
Filled teeth (FT)	5.1	3.6	.16
Decayed teeth (DT)	1.8	2.1	.35
Remaining roots (RR)	0.8	1.6	.04

\* Mann-WhitneyU-test  
Jokstad A, Ambjørnsen E, Eide KE. Oral health in institutionalized elderly people in 1993 compared to in 1980. *Acta Odontologica Scandinavica*, 1996; 54: 303 - 308.

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## Hva kan avdekkes - hos enkeltindivider?

- Karies opptrer symmetrisk
- Forekomst varierer i munnhulen:
  - ukj6> okj6> ukj7> okj7---> ukjinc
- Utviklingsmønsteret avhenger av flate
- Fordelingsmønstre er typisk (nabotenner)

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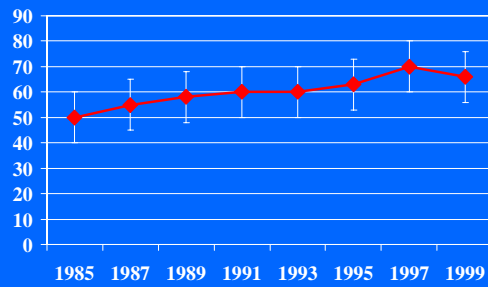
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## Kariesutvikling i Norge

Prosentandel med dmft=0 hos 5-åringer



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## Karies i Norge – vi vet ikke

- Hvilke tiltak som er mest hensiktsmessig som forebyggende tiltak på populasjonsnivå
  - Program - Fluor? Kosthold? Hygiene?
  - Personell
- Hvor stort behandlingsbehovet er blant prioritert klientell
- Om karies nå er økende blant barn og ungdom

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