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Editorial

Oral Health in Young Children

Many of the papers included in this issue of the Journal are concerned with oral health in preschool children. It is in this age group that the foundations of oral health are laid down and beliefs and attitudes may be established. As is obvious from two of the case reports, it is also the time when the effects of congenital disorders often become apparent.

In children under the age of 5, relatively simple forms of treatment may demand high degrees of technical skill and skill in management of the child. Promoting oral health and preventing disease in this age group also calls for particular understanding and skill in approaches that must include the family and the community as much as the child. Nevertheless, because their effects may be lifelong, success is especially critical, both for operative intervention and for health promotion for preschool children.

The oral health needs of preschool children have been highlighted in numerous studies. In the great majority of populations, caries remains the major problem. Caries in the youngest children, more recently termed Early Childhood Caries (ECC) continues to affect a sizeable proportion of children worldwide. Severe Early Childhood Caries also affects a smaller but still significant number of children. Studies of these two conditions have shown clearly that preschool children, perhaps more than any other age group, suffer disproportionately high levels of disease where there are also high levels of deprivation. Depressingly, most investigations have also shown the apparent neglect, in terms of lack of treatment, suffered by young children in even the most well endowed communities.

Much has been learned about ECC and severe ECC and how to prevent them but the answers to the continuing problems seen in preschool children are not yet clear. Better training of dentists to allow them to provide more effective care in terms of both simple and more complex treatment, improved materials and techniques and improved funding for provision of care may all be of value for the individual child. It is clear from the collection of papers published here about the first dental visit that early dental attendance, as means of providing good oral health advice to families, is recognized in many parts of the world as a measure with the potential to improve oral health in the young child. However, writers of these papers also make clear that because poor oral health in young children is increasingly rooted in disadvantage, a clearer understanding and appreciation of the relationship between social and economic environment and child health is also essential if the solution is to be found.

Young children cannot articulate their oral health needs for themselves and as paediatric dentists it is our responsibility to press for and promote policies that will make oral health in young children available to all.

RUTH D. HOLT