

DENTAL UTILIZATION

Multimorbidity and dental visits



BACKGROUND

Seeing a dentist regularly is associated with better oral health and oral health-related quality of life. Focusing on prevention through regular visits to the dentist may help to reduce the overall costs by addressing problems before they become more complex and costly. Factors that influence dental attendance should be identified to help in planning health policies to encourage regular dental care. The factors of age, gender, socioeconomic status, and cost of treatment have been shown to influence dental attendance. It remains unknown whether long-standing health conditions are related to dental attendance, although evidence suggests that some persons with chronic diseases are at increased risk for dental diseases and for not seeking dental care regularly. Some individuals have multiple long-standing health conditions, which is termed multimorbidity. Associations between long-standing health conditions, whether a singular disease or multimorbidity, and dental attendance were sought, along with the effect of socioeconomic status on regular dental care.

METHODS

The data were taken from wave 2 (2013–2015) of the Yorkshire Health Study (YHS), which is an observational cohort study that collects information on the residents age 18 to 86 years living in the Yorkshire and Humberside region of England. A total of 7654 individuals were included. Data included dental attendance, long-standing health conditions, age, gender, level of education attained, smoking, body mass index, and area-level deprivation. Associations were sought between dental attendance and long-standing health conditions and multimorbidity.

RESULTS

Overall, 63.1% of the individuals (4826 persons) attended the dentist regularly and 36.9% did not (2828 persons). Those who saw the dentist regularly tended to be older (mean age 61.6 years) than those who did not (mean age 54.8 years). Among those who attended the dentist regularly, a larger proportion were classified as having achieved a low level of education. A slightly higher percentage of those who did not see the dentist regularly came from the most deprived quartile. A higher proportion of smokers did not seek dental care regularly, but a larger

proportion of those who attended the dental clinic regularly had multimorbidity compared to non-attendees.

No association was observed between having 1 long-standing health condition and dental attendance. However, persons with 2 or more long-standing health conditions were 19% less likely not to have seen the dentist in the previous 3 months. When the data were stratified by educational level attained as a proxy for socioeconomic status, those classified as having a low educational level and a single long-standing health condition and those who had a moderate education and 2 long-standing health conditions were less likely not to see the dentist regularly than those who had a high education levels and no long-standing health conditions.

DISCUSSION

Individuals with multimorbidity were more likely to see the dentist regularly than those without multimorbidity. Socioeconomic status had little effect on the association.

Clinical Significance

Individuals who had multiple long-standing health problems were more likely to see the dentist regularly than other individuals. When planning for care delivery options, it must be remembered that these individuals may require special considerations for accessing dental care, for receiving specific treatments, and for continuing to attend dental visits for their oral health needs. Because of their multimorbidity status, these patients' oral health will likely be in need of careful attention.

Wade A, Hobbs M, Green MA: Investigating the relationship between multimorbidity and dental attendance: A cross-sectional study of UK adults. *Br Dent J* 226:138-143, 2019

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