



Review Article

Effect of lifestyle in oral health patterns

Satyaranjan Mishra¹, Ayesha Das²

¹Professor And Head, Department of Oral Medicine and Radiology, Institute of Dental Science, Bhubaneswar, Odisha, India

² Post Graduate Student, Department of Public Health Dentistry, Saveetha Dental College & Hospitals, Saveetha Institute of Medical and Technical Sciences, Chennai – 600077*

How to cite: Satyaranjan Mishra & Ayesha Das. Effect of lifestyle in oral health patterns. Int J Comm Dent 2022; 10(2): 103 - 108. DOI: <https://doi.org/10.56501/intjcommunitydent.v10i2.724>

Received: 25/11/2022

Accepted: 11/12/2022

Web Published: 24/12/2022

Abstract

Socialization is learned through social interactions with parents, peers, friends, and siblings as well as through school and mass media. It also has an impact on health, where evidence of some contemporary health issues, such as cancer, coronary heart disease, and drug addiction, has been found in developing nations and elsewhere, with oral health detrimental behaviors being more prevalent in subjects of lower socio demographic status. As a result, an effort is made to research the literature and gain insight into how lifestyle choices affect oral health.

Keywords : Oral health, lifestyle, tobacco

INTRODUCTION

The term "oral health" describes the condition of having a sound mind. Oral health behavior refers to the influence of characteristics like dietary choices, dental care utilization patterns, and oral health hygiene on overall health. Lifestyle refers to a way of life that expresses traits, attitudes and values (1).

With aforementioned criteria, it can be claimed that oral health behavior relates to many oral health-related behaviors. This article will cover numerous lifestyles and oral health behaviors and how they affect oral health habits, either positively or negatively, to emphasize the impact of lifestyle on dental health behaviour (1). Oral hygiene is defined by a dentist with years of expertise as the behaviors and circumstances that support optimal oral health. It involves activities taken to help protect and preserve the mouth from diseases.

Address for Correspondence:

Ayesha Das, Post graduate student, Dept of public health dentistry, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Poonamallee, Chennai-600077, India.

Email-Id: drayesh03@gmail.com

The following are some of the practices used to maintain dental health, such as dental visits once in 6 months, brushing twice a day. Dietary preferences should be maintained. Food with proper nutrition value should be taken like food rich in vitamin E, C, calcium and drink an adequate amount of water. Food which includes certain colors, chemicals and high in caffeine also affect your teeth. Proper oral health comes from meals that have nutrients that are good for your teeth. Utilization of dental services, particularly dental treatments, intends to support the promotion of good dental health since it keeps a check on your dental hygiene. Adopting a pattern of using authorized and trusted oral services and products are excellent oral health behaviors (2).

Routine habits that influence oral health:

Behavior that adversely affects oral health behavior include deposits like plaque, calculus and principles that are detrimental to oral health, eating poorly-balanced meals, such as those heavy in sugar (3). These meals result in oral diseases like tooth decay, cavities, and more. Use of tobacco, tobacco products and alcohol include compounds that are damaging to oral health, frequent use of these substances causes overall oral health problems. Bacteria buildup in the mouth is a result of poor dental hygiene. These bacteria ultimately affect the mouth by resulting in several different oral disorders. The teeth lose their shape and structure when they are clenched and ground, taking part in sports without wearing oral protection gear. Precaution which helps preserve oral health-trips to the dentist regularly for dental advice and adherence to the doctor's recommendations staying away from things that are bad for your dental health. Attention to eating healthy meals with nutrients that help oral health (3). Good oral hygiene practice, abstain from teeth clenching and grinding, bruxism therapies and treatments can be done to help break this behavior. When participating in athletic activities, one should use mouth protection gear. Protective gears like helmets and mouthguards are suitable gears to protect the mouth (4).

Oral diseases and oral health behavior:

These are the diseases resulting from practicing poor oral health behaviors:

Dental caries/ tooth decay: Plaques are created when there is too much sugar in the mouth. As these plaques accumulate on the tooth, they weaken it and ultimately cause tooth decay. Poor eating practices are some major causes of this.

Periodontal disease: This affects the gum, characterized by bleeding, odor, and for more severe cases, teeth falling out. It results from poor oral hygiene.

Oral cancer: The lips, oropharynx, and other oral structures all exhibit uneven development as a result of this condition (5).

Oro-dental trauma: This is characterized by injuries in the mouth and the presence of cavities. It results in mouth odor.

Cleft lip and palate: This results from regular tobacco, alcohol, drugs, and other harmful substances (6).

Conditions that are linked to oral health patterns:

Dental health may play a role in several illnesses and ailments, such as:

Endocarditis: The most common way that the endocardium (the inner lining of your heart chambers or valves) becomes infected is when bacteria or other germs from another region of your body, like your mouth, enter your bloodstream and adhere to specific locations in your heart (7).

Cardiovascular disease: Some studies show that heart disease, blocked arteries, and stroke may be connected to the inflammation and infections that oral bacteria can cause, even if the connection is not entirely understood (8).

Pregnancy and birth complications: Low birth weight and early delivery have both been connected to periodontitis.

Pneumonia: Certain bacteria in your mouth that can get drawn into your lungs can cause pneumonia and other respiratory diseases.

Dental health may also be affected by certain disorders, such as:

Diabetes: Diabetes increases the risk of gum disease by lowering the body's ability to fight against infection. People with diabetes seem to have more severe and frequent gum disease. According to research, persons with gum disease have tougher difficulty keeping their blood sugar levels under control.(8) You can control your diabetes with regular periodontal care.

HIV/AIDS: In persons with HIV/AIDS, oral issues such as uncomfortable mucosal sores are frequent.

Osteoporosis: Periodontal bone loss and tooth loss are both associated with this bone-weakening condition. There is little chance that the jawbones might be harmed by a few medications used to treat osteoporosis (9)

Alzheimer's disease: It has been demonstrated that oral health declines as Alzheimer's disease progresses. Eating disorders, rheumatoid arthritis, certain malignancies, and Sjögren's syndrome, an immune system ailment that produces dry mouth, are other problems that may be connected to oral health (10) Dentist should be informed if changes in your general health, especially if you've recently been unwell or have a chronic illness like diabetes, as well as any drugs you use. Like other regions of the body, mouth is brimming with germs, the majority of which are benign. However, some of these bacteria can cause sickness as your mouth serves as the entrance to your digestive and respiratory systems. Bacteria are often kept in check by the body's natural defenses and proper oral hygiene practices like regular brushing and flossing. But without proper dental care, bacteria may accumulate to the point where they start to develop gum disease and oral disorders like tooth decay (11).

Additionally, several drugs can decrease saliva flow, including decongestants (12), antihistamines, opioids, diuretics, and antidepressants. Saliva washes away food and neutralizes acids produced by bacteria in the mouth, helping to protect you from microbes that multiply and lead to disease. According to studies, many disorders may be influenced by oral bacteria and the inflammation brought on by a severe type of gum disease (periodontitis). Additionally, conditions like diabetes and HIV/AIDS can make infections more severe by lowering the body's natural resistance to them (13).

DISCUSSION:

Routine behaviors are described in terms of dietary patterns, social classes, economic levels, educational attainment, customs, cultures, and environments, among other factors. Dental illnesses are mostly influenced by "lifestyle effects" such as food, good oral hygiene, and smoking. To maintain oral health, we should keep a check on our food habits, reduce intake of tobacco products, maintain a healthy intraoral and extraoral health. Factors affecting directly or indirectly should be checked and reduced (14).

Detrimental habits are more usual in teenagers. Lack of dental care from young age until adulthood may lead to primary etiological factors for gingivitis (gum inflammation) & chronic periodontitis. Ample evidence that the majority of people are affected by periodontal disease and dental caries. The frequency and severity of

these conditions differ depending on characteristics such as age, sex, race, geography, socioeconomic status, and oral hygiene practices. The World Health Organization (WHO, Ottawa charter 1987) just established new health promotion strategies that may help prevent this issue. This emphasizes policies created for benefits of common health among the population in general (14).

It is commonly known that socioeconomic position and health are related. People who move to other civilizations and social circles adopt new eating and living habits as well as new ways of life. In comparison to low-income individuals, those with an improved socioeconomic status consume more refined, high-sugar foods and carbonated beverages, which gives them the appearance of having more caries. On the other hand, however, they improve their oral hygiene for a more attractive appearance and smile. In affluent societies, there is a high frequency of caries and higher oral cleanliness, whereas, in low socioeconomic groups, there is a low prevalence of caries but very poor oral hygiene. The link between education, employment, and oral health is bidirectional (15).

Oral health issues do not pose a life-threatening hazard, and they carry less weight when it comes to diagnosing symptoms that jeopardize a healthy lifestyle in terms of well-being. However, the definition of oral and dental illnesses also includes adjectives like impairment, disability, and handicapping. According to the World Health Organization, impairment is defined as a decline in or abnormality of mental, physical, or biochemical function that is either present at birth or results from a disease or injury, such as edentulousness, periodontal loss, or malocclusion in dentistry, among other things. Disability is defined as any restriction or inability to perform socially defined responsibilities and duties that people are often expected to be able to complete. A permanent functional and dependent impairment is described by the larger word "handicap" There is a continuum in the relationship between impairment, disability, and handicap. For instance, a "malposed or absent tooth" (impairment) may cause dietary restrictions, a physical disability that prevents individuals from eating hard foods, a psychological disability that prevents people from smiling, or an avoidance of eating before other people (social disability) (15).

Dental disease is mostly social and behavioral and is usually always completely avoidable through social and behavioral changes. Due to the importance of oral tissues (teeth, gums), which serve as the "Mouth" (portal to our body) and are low in morbidity and mortality, oral health in general cannot be given less weight than other tissues of the body. Health is an elusive concept that encompasses social, emotional, spiritual, and bodily aspects in addition to the simple absence of sickness. Furthermore, dental and oral conditions cause physical and mental limitations that affect social, emotional, and psychological facets of life. A condition of wellness is advantageous in every way.

Social classes with higher levels of education and information are more likely to practice and adopt healthy habits. Overall health is predicated on having a healthy mouth. Many systemic diseases show up in the soft tissues of the oral mucosa of the mouth, which might be a mirror image of other parts of the body. A person's general health may suffer if their dental health is damaged (16).

CONCLUSION:

To maintain good oral and general health, it is important to adopt a healthy lifestyle including regular physical activity, a balanced diet, and avoiding smoking and excessive alcohol consumption. Additionally, regular dental appointments and proper oral hygiene practices such as daily brushing and flossing are essential. By making these lifestyle choices, individuals can reduce the risk of periodontal diseases, dental decay, and various other health issues. Drinking water and avoiding sugary foods can also help improve oral health.

SOURCE OF FUNDING:

Not applicable

CONFLICTS OF INTEREST:

The authors declare no conflicts of interest.

REFERENCES:

1. Singh MKD, Abdulrahman SA, Rashid A. Assessment of oral health status and associated lifestyle factors among Malaysian Fishermen in Teluk Bahang, Penang: An analytical cross-sectional study. *Indian J Dent Res.* 2018; 29(3): 378-90.
2. Varghese CM, Jesija JS, Prasad JH, Pricilla RA. Prevalence of oral diseases and risks to oral health in an urban community aged above 14 years. *Indian J Dent Res.* 2019; 30(6): 844-50.
3. Jahangiry L, Bagheri R, Darabi F, Sarbakhsh P, Sistani MMN, Ponnet K. Oral health status and associated lifestyle behaviors in a sample of Iranian adults: an exploratory household survey. *BMC Oral Health.* 2020; 20(1): 82.
4. Singla N, Acharya S, Singla R, Nayak P. The Impact of Lifestyles on Dental Caries of Adult Patients in Udipi District: A Cross-Sectional Study. *J Int Soc Prev Community Dent.* 2020;10(2):189-95.
5. Reddy NS, Reddy NA, Narendra R, Reddy SD. Epidemiological survey on edentulousness. *J Contemp Dent Pract.* 2012;13(4): 562-70.
6. Abe M, Mitani A, Hoshi K, Yanagimoto S. Large Gender Gap in Oral Hygiene Behavior and Its Impact on Gingival Health in Late Adolescence. *Int J Environ Res Public Health.* 2020;17(12):4394.
7. Baskaradoss JK, Geevarghese A, Mthen A, Ghamdi H, Haudayris R, dy S, et al. Influence of Lifestyle on Dental Health Behavior. *J Lifestyle Med.* 2019;9(2):119-24.
8. Zeng L, Zeng Y, Zhou Y, Wen J, Wan L, Ou X, et al. Diet and lifestyle habits associated with caries in deciduous teeth among 3- to 5-year-old preschool children in Jiangxi province, china. *BMC Oral Health* 2018; 18: 224.
9. Gharpure AS, Bhange PD, Gharpure AS. Evaluation of oral hygiene practices in an urban Indian population. *J Indian Dental Assoc.* 2016; 10(11).
10. Bala K, Gupta R, Ara A, Sahni B. A KAP study of oral health status among adults in a rural area of Jammu District. *Int J Community Med Public Health.* 2019;6(1):1-7.
11. Varenne B, Petersen PE, Ouattara S. Oral health behavior of children and adults in urban and rural areas of Burkina Faso, Africa. *Int Dent J.* 20. Tooth loss prevalence and risk indicators in an isolated population of Kadapa South India. *American J Public Health Res.* 2014;2(6): 221-5.
12. Alshammary F, Yousaf AA, Al Rashid FA, Siddiqui AA, Amin J, Afroze E. Self-perception regarding oral health status in relation with socioeconomic determinants: a study from Hail, Saudi Arabia. *J Clin Diag Res.* 2019;13(12):1-5. 7. Baskaradoss JK, Geevarghese A, Mthen A, Ghamdi H, Haudayris R, dy S, et al. Influence of Lifestyle on Dental Health Behavior. *J Lifestyle Med.* 2019;9(2): 119-24.

13. Nazliel HE, Hersek N, Ozbek M, Karaagaoglu E. Oral health status in a group of the elderly; 29(2):761-7.
14. Bala K, Gupta R, Ara A, Sahni B. A KAP study of oral health status among adults in a rural area of Jammu District. *Int J Community Med Public Health*. 2019; 6(1): 1-7.
15. Premnath K, Wasan B, Tusharbai DM, Althaf MS, Bhowmick S, Tiwari RVC, Tiwari H. A cross-sectional study on oral hygiene status among the rural population. *Int J Applied Dental Sci*. 2019; 5(3): 229-33.
16. Reddy PS, Reddy ASK, Jain AR, Pradeep R. Tooth loss prevalence and risk indicators in an isolated population of Kadapa South India. *American J Public Health Res*. 2014; 2(6): 221-5.



Published by MM Publishers
<https://www.mmpubl.com/ijcd>

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.
To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

Copyright ©2022 Satyaranjan Mishra & Ayesh Das.