

Review Article

Oral health in obese children common findings, prevention, treatment and outcome

Rana S. Salmin^{1*}, Wael S. B. Saeed², Reem A. Albakr³, Nouf I. Alkhalid¹, Noura S. Alqahtani⁴,
Rana A. Alwahib⁵, Ali S. Arab⁶, Sarah F. Alhazmi⁶, Doaa M. Alharbi⁷, May M. Alotaibi⁸

¹Dental Department, Prince Sultan Military Medical City, Riyadh, Saudi Arabia

²Dental Department, Security Forces Hospital Program, Riyadh, Saudi Arabia

³Dental Department, Ministry of Health, Riyadh, Saudi Arabia

⁴Dental Department, King Fahd Armed Forces Hospital, Jeddah, Saudi Arabia

⁵Department of Pediatric Dentistry, National Guard Health Affairs (NGHA), Dammam, Saudi Arabia

⁶Dental Department, National Guard Hospital, Jeddah, Saudi Arabia

⁷Dental Department, Prince Mohamed bin Abdulaziz hospital, Medina, Saudi Arabia

⁸Dental Department, Alnakheel Medical Center, Riyadh, Saudi Arabia

Received: 09 August 2024

Revised: 28 August 2024

Accepted: 29 August 2024

*Correspondence:

Dr. Rana S. Salmin,

E-mail: ra2017na2017@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Childhood obesity is a significant global public health issue, closely linked to various oral health challenges, including dental caries, periodontal disease, and malocclusion. Obese children are more prone to these dental problems due to dietary habits that include high sugar and carbohydrate intake, poor oral hygiene practices, and systemic inflammation. This review explores the common oral health issues faced by obese children and emphasizes the importance of preventive strategies and tailored treatment approaches. Preventive measures include promoting healthy dietary habits, improving oral hygiene practices, and ensuring regular dental check-ups. Dietary modifications, such as reducing the intake of sugary snacks and beverages, play a crucial role in preventing tooth decay and other dental problems. Educating children and caregivers about proper brushing and flossing techniques and the use of fluoride toothpaste and dental sealants further supports oral health. Regular dental visits allow for early detection and management of dental issues, with professional cleanings, fluoride treatments, and appropriate restorative and periodontal therapies being integral components of care. The outcomes of these comprehensive treatment strategies are generally positive, leading to improved oral health and overall quality of life for obese children. Multidisciplinary collaboration among healthcare providers, including dentists, pediatricians, and nutritionists, is essential to develop effective care plans that address both obesity and oral health. This integrated approach ensures that obese children receive holistic care that promotes lifelong healthy habits, reducing the risk of future dental and systemic health problems. The review underscores the necessity of a concerted effort to address the intertwined issues of obesity and oral health in children, highlighting the potential for significant health improvements through targeted prevention and treatment strategies.

Keywords: Childhood obesity, Oral health, Dental caries, Periodontal disease, Preventive strategies

INTRODUCTION

Obesity is a global public health concern that has seen a dramatic rise in prevalence among children and

adolescents over the past few decades. The World Health Organization (WHO) defines obesity as an abnormal or excessive fat accumulation that presents a risk to health, with the condition affecting both developed and developing countries alike. The increasing rates of

childhood obesity are alarming, as they are associated with a multitude of health complications, including cardiovascular diseases, type 2 diabetes, and various psychosocial issues.¹ Among these complications, oral health problems in obese children are of particular concern due to their impact on overall health and quality of life. Oral health is an essential component of general health, and maintaining good oral hygiene is crucial for preventing various dental issues. Obese children are at a higher risk for developing oral health problems such as dental caries, periodontal disease, and malocclusion.² These conditions not only cause pain and discomfort but also affect the child's ability to eat, speak, and engage in social interactions, thereby impacting their overall well-being. The relationship between obesity and oral health is multifaceted, involving factors such as diet, oral hygiene practices, and metabolic and inflammatory pathways.³

The dietary habits of obese children often include high consumption of sugary and acidic foods and beverages, which contribute to the development of dental caries. Additionally, these children may have less favorable oral hygiene practices, leading to an increased risk of plaque accumulation and periodontal disease. Furthermore, obesity is associated with systemic inflammation and metabolic disturbances, which can exacerbate periodontal conditions.⁴ Understanding these interconnected factors is crucial for developing effective preventive and therapeutic strategies to address oral health issues in obese children. Preventive measures play a significant role in managing the oral health of obese children. Education on proper oral hygiene practices, dietary modifications, and regular dental check-ups are essential components of a comprehensive prevention strategy. Additionally, multidisciplinary approaches involving healthcare providers, parents, and educators are necessary to create a supportive environment that promotes healthy behaviors and addresses the unique needs of obese children.

Treatment of oral health problems in obese children requires a tailored approach that considers the individual's overall health status and specific dental needs. Interventions may include professional dental care, nutritional counseling, and behavior modification techniques. Successful management of oral health issues in obese children can lead to improved oral and general health outcomes, enhancing their quality of life and reducing the burden of obesity-related complications.

REVIEW

Obesity in children is closely linked to various oral health challenges, significantly impacting their overall well-being. One of the primary concerns is the increased prevalence of dental caries among obese children. Studies have shown that dietary habits commonly associated with obesity, such as high sugar and carbohydrate intake, directly contribute to the development of caries.⁵ These dietary patterns, coupled with poor oral hygiene practices, create an environment conducive to plaque formation and

subsequent tooth decay. Another critical issue is the heightened risk of periodontal disease in obese children. Obesity-related systemic inflammation exacerbates periodontal conditions, leading to gingivitis and periodontitis. The inflammatory response associated with obesity can negatively affect the periodontal tissues, making obese children more susceptible to these conditions compared to their non-obese counterparts.⁶ This underscores the need for targeted preventive measures and early interventions to address periodontal health in this population.

Addressing these oral health issues requires a comprehensive and multidisciplinary approach. Prevention strategies should focus on educating children and their caregivers about proper oral hygiene practices and promoting healthier dietary choices. Regular dental check-ups are crucial for early detection and management of dental problems. Additionally, collaboration between healthcare providers, including dentists, nutritionists, and pediatricians, is essential to develop personalized care plans that address both obesity and oral health. By adopting such integrated approaches, it is possible to mitigate the adverse effects of obesity on oral health and improve the overall quality of life for affected children.

Common oral health issues in obese children

Obesity in children is a growing concern globally, and its implications extend beyond general health, significantly impacting oral health. One of the most prevalent oral health issues among obese children is dental caries. The correlation between obesity and dental caries can be attributed to dietary habits, such as high consumption of sugary and acidic foods and beverages. These dietary patterns promote the growth of cariogenic bacteria, leading to an increased incidence of dental caries.⁷ Moreover, obese children often exhibit inadequate oral hygiene practices, which further exacerbates the risk of caries development.

Periodontal disease is another significant oral health issue observed in obese children. Obesity is associated with systemic inflammation, which can adversely affect periodontal health. Elevated levels of inflammatory markers, such as C-reactive protein and interleukin-6, have been found in obese individuals, contributing to the development and progression of periodontal disease.⁸ This inflammatory response can lead to gingivitis and periodontitis, conditions that compromise the integrity of the gums and supporting structures of the teeth. Periodontal disease not only causes discomfort and pain but also impacts the child's ability to chew and speak properly, thereby affecting their overall quality of life.

In addition to dental caries and periodontal disease, obese children are also at risk for other oral health issues, such as malocclusion and enamel erosion. Malocclusion, or misalignment of the teeth, is more commonly observed in obese children and can result from factors such as

abnormal jaw growth and excessive weight gain.⁹ Malocclusion can lead to difficulties in maintaining proper oral hygiene, increasing the risk of plaque accumulation and subsequent dental issues. Enamel erosion, characterized by the loss of the tooth's protective enamel layer, is another concern. The frequent consumption of acidic foods and beverages, common in the diets of obese children, contributes to this condition. Enamel erosion can lead to increased tooth sensitivity and a higher susceptibility to dental caries.

The impact of these oral health issues on obese children is profound, affecting not only their physical health but also their psychological and social well-being. Children with poor oral health may experience pain, discomfort, and difficulties in eating and speaking, which can lead to reduced self-esteem and social interactions. Furthermore, the presence of oral health problems can interfere with a child's academic performance and overall development. Addressing the common oral health issues in obese children requires a multifaceted approach. Preventive measures should include educating children and their caregivers about proper oral hygiene practices, promoting healthy dietary habits, and ensuring regular dental check-ups. Additionally, healthcare providers should adopt a holistic approach, considering the interconnectedness of obesity and oral health, to develop comprehensive care plans that address both conditions effectively.

Preventive strategies for maintaining oral health in obese children

Preventive strategies are crucial for maintaining oral health in obese children, as they are at a higher risk for various dental issues such as dental caries, periodontal disease, and malocclusion. Effective prevention requires a multifaceted approach that includes dietary modifications, improved oral hygiene practices, and regular dental visits. One of the primary preventive strategies is promoting healthy dietary habits. Obese children often consume diets high in sugar and carbohydrates, which are known to contribute to dental caries. Reducing the intake of sugary snacks and beverages is essential in preventing tooth decay. Parents and caregivers should be educated on the importance of providing a balanced diet that includes plenty of fruit, vegetables, and whole grains. Encouraging children to drink water instead of sugary drinks can also significantly reduce the risk of dental caries.¹⁰

Improving oral hygiene practices is another critical component of preventing oral health problems in obese children. Regular brushing with fluoride toothpaste and flossing are fundamental practices that should be emphasized. Children should be taught the proper techniques for brushing and flossing to ensure they are effectively removing plaque and food particles. Parents and caregivers play a vital role in reinforcing these habits and ensuring that children maintain a consistent oral hygiene routine. Additionally, the use of fluoride treatments and dental sealants can provide an extra layer of

protection against dental caries.¹¹ Regular dental check-ups are essential for early detection and management of oral health issues in obese children. Routine visits to the dentist allow for professional cleaning, which helps remove plaque and tartar that cannot be eliminated by regular brushing and flossing. Dental professionals can also provide personalized advice on maintaining oral health and identify any early signs of dental problems. For obese children, who may be at a higher risk for periodontal disease due to systemic inflammation, regular periodontal evaluations are particularly important. These check-ups enable timely interventions that can prevent the progression of oral diseases.¹²

Moreover, a multidisciplinary approach involving healthcare providers, including dentists, pediatricians, and nutritionists, is crucial in managing the oral health of obese children. Collaboration among these professionals ensures a comprehensive care plan that addresses both obesity and oral health. Pediatricians can monitor and manage the child's overall health, while nutritionists can provide guidance on healthy eating habits. Dentists can focus on preventive and therapeutic dental care, ensuring that the child's oral health is maintained. Implementing these preventive strategies can significantly reduce the risk of oral health problems in obese children, improving their overall health and quality of life. Education, routine care, and a collaborative healthcare approach are key to ensuring that obese children maintain good oral health.

Treatment approaches and outcomes for oral health in obese children

Treating oral health issues in obese children requires a comprehensive and tailored approach that addresses both dental problems and the underlying obesity. Effective treatment strategies must consider the unique needs of obese children, integrating nutritional counseling, behavioral modifications, and appropriate dental care to achieve optimal outcomes. One of the first steps in treating oral health problems in obese children is dietary intervention. Obese children often have diets high in sugar and carbohydrates, contributing to dental caries and other oral health issues. Nutritional counseling is essential to guide children and their caregivers towards healthier eating habits. Reducing the intake of sugary snacks and beverages and promoting a balanced diet rich in fruits, vegetables, and whole grains can significantly improve oral health.¹³ By addressing the dietary causes of dental problems, it is possible to prevent further decay and support overall health improvement.

Behavioral modifications play a crucial role in the treatment of oral health issues in obese children. Educating children and their caregivers about the importance of maintaining good oral hygiene practices is vital. This includes proper brushing and flossing techniques, regular use of fluoride toothpaste, and the benefits of dental sealants to protect against caries.¹⁴ Establishing and reinforcing these habits can help reduce the risk of dental

problems and improve the effectiveness of other treatment interventions.

Professional dental care is an integral part of the treatment approach for obese children with oral health issues. Regular dental check-ups allow for early detection and management of dental problems. During these visits, dental professionals can provide professional cleanings to remove plaque and tartar buildup, apply fluoride treatments, and place dental sealants to protect vulnerable teeth. In cases of dental caries or periodontal disease, appropriate restorative and periodontal treatments should be administered. For example, fillings, crowns, or root canal treatments may be necessary to address caries, while periodontal therapies, such as scaling and root planning, can manage gum disease.¹⁵ The outcomes of these treatment approaches are generally positive when implemented effectively. By combining dietary interventions, behavioral modifications, and professional dental care, it is possible to significantly improve the oral health of obese children. Moreover, addressing oral health issues can have broader health benefits, including reducing systemic inflammation associated with obesity and improving overall quality of life. Children who receive comprehensive treatment and education on maintaining good oral health are more likely to develop lifelong healthy habits that prevent future dental problems. Treating oral health issues in obese children requires a multidisciplinary approach that addresses both dental problems and obesity. Integrating nutritional counseling, behavioral modifications, and professional dental care is essential for achieving positive outcomes. By focusing on prevention and early intervention, it is possible to improve the oral and overall health of obese children.

CONCLUSION

Addressing oral health issues in obese children requires a multifaceted approach that includes dietary interventions, behavioral modifications, and professional dental care. By implementing comprehensive preventive and treatment strategies, it is possible to significantly improve the oral and overall health outcomes for obese children. A multidisciplinary effort involving healthcare providers, caregivers, and educators is essential to ensure long-term success in maintaining good oral health.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. World Health Organization. Obesity and overweight. 2011. Available at: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>. Accessed on 10 May 2024.

2. Sadeghi M, Alizadeh F. Association between dental caries and body mass index-for-age among 6-11-year-old children in Isfahan in 2007. *J Dent Res Dent Clin Dent Prospect*. 2007;1(3):119.
3. Gerdin EW, Angbratt M, Aronsson K, Eriksson E, Johansson I. Dental caries and body mass index by socio-economic status in Swedish children. *Comm Dentistry Oral Epidemiol*. 2008;36(5):459-65.
4. Modéer T, Blomberg CC, Wondimu B, Julihn A, Marcus C. Association between obesity, flow rate of whole saliva, and dental caries in adolescents. *Obesity*. 2010;18(12):2367-73.
5. Sánchez-Pérez L, Irigoyen M, Zepeda M. Dental caries, tooth eruption timing and obesity: a longitudinal study in a group of Mexican schoolchildren. *Acta Odontologica Scandinavica*. 2010;68(1):57-64.
6. Chopra A, Lakhanpal M, Gupta N, Rao N, Vashisth S. Association between obesity and periodontal disease: A cross-sectional study. *Saud J Obesity*. 2013;1(2):71-5.
7. Alm A, Isaksson H, Fahraeus C. BMI status in Swedish children and young adults in relation to caries prevalence. *Swed Dent J*. 2011;35(1):1-8.
8. Wood N, Johnson RB, Streckfus CF. Comparison of body composition and periodontal disease using nutritional assessment techniques: Third National Health and Nutrition Examination Survey (NHANES III). *J Clini Periodontol*. 2003;30(4):321-7.
9. Giuca MR, Pasini M, Caruso S, Tecco S, Necozone S, Gatto R. Index of orthodontic treatment need in obese adolescents. *Int J Dentistry*. 2015;2015(1):876931.
10. Ismail AI, Tanzer JM, Dingle JL. Current trends of sugar consumption in developing societies. *Comm Dentistry Oral Epidemiol*. 1997;25(6):438-43.
11. Twetman S, Axelsson S, Dahlgren H. Caries-preventive effect of fluoride toothpaste: a systematic review. *Acta Odontologica Scandinavica*. 2003;61(6):347-55.
12. Al-Zahrani MS, Bissada NF, Borawski EA. Obesity and periodontal disease in young, middle-aged, and older adults. *J Periodontol*. 2003;74(5):610-5.
13. Moynihan PJ. The role of diet and nutrition in the etiology and prevention of oral diseases. *Bull World Health Organiz*. 2005;83:694-9.
14. Watt R, Sheiham A. Inequalities in oral health: a review of the evidence and recommendations for action. *Br Dent J*. 1999;187(1):6-12.
15. Kinane DF, Peterson M, Stathopoulou PG. Environmental and other modifying factors of the periodontal diseases. *Periodontology* 2000. 2006;40(1).

Cite this article as: Salmin RS, Saeed WSB, Albakr RA, Alkhalid NI, Alqahtani NS, Alwahib RA, et al. Oral health in obese children common findings, prevention, treatment, and outcome. *Int J Community Med Public Health* 2024;11:4081-4.