

The Challenges of Pediatric Dentistry in the 21st Century

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Editorial

According to the information available on the prevalence of early childhood caries in the United States and other industrialized societies and given the focus of this disease on poor children and minorities, pediatric dentistry has been focused on it. A pediatric dentist should be aware of the new challenges in keeping children free from dental caries in childhood. Today, we believe that on one hand the dental diseases, and on the other hand their prevention and control, are highly influenced by factors that are beyond the biological bacterial, sugars, and tooth factors in the Keyes interaction model. These factors include the impact of society, the system of life, and families that are not the primary biological factors. This means that the pediatric dentist should consider different factors that merely include the child, his family, and the child's oral health. Preventive dentistry involves recognizing the effect of external factors and non-biological factors on the onset and progress of caries, especially in poor and heterogeneous societies. Nowadays, the most important considerations in childcare are as follows:

- a) The importance of oral health for children as the best opportunity for preventing early childhood caries by providing preventive information to families and the role of the collaboration of general dentists and families as non-specialists in the field of dentistry.
- b) The techniques of fissure sealants and composite resins, and their positions in children's dentistry, as well as the considerations of the lifespan of these treatments in comparison with other treatments, and also concerns about dental toxicity.
- c) Dentistry for disabled patients and other children with special care needs, which today have a longer lifespan thanks to medical advances, but usually dental treatments, require medication considerations, body health, and medical needs.

- d) Early diagnosis and treatment of orthodontics, which is important in guiding the development of occlusion and reducing long-term future treatments.
- e) Complex treatments, such as sedation techniques, to control pain and anxiety of the patient, and the need for knowledge and mastery of the guidelines for the safe and practical use of these techniques.
- f) The problem of developing fluorosis, due to the presence of fluoride in the environment and the need to change the therapies of fluoride therapy and their dose.
- g) Obesity and other eating disorders, their effects on oral health, and the need for patient care in the dental office.
- h) Extensive and complex radiographic techniques such as digital radiography and 3D imaging, providing better diagnostic information, as well as simultaneous concerns about radiation doses during childhood.
- i) Substance abuse, such as painless tobacco, recreational drugs used in adolescents and pre-puberty, and misuse of prescription drugs that have become epidemic in many societies.
- j) Digitization of health information, management, and ability to move them, as well as the role and the position of today's electronic world.
- k) Promote public health support activities, including the participation of dentists in health committees, school sports teams, health program counselors, and other out-of-office roles that require oral health care expertise.

Children's dentistry is the key to health and prevention, and social macroeconomic planning at such an age can be used in a

large community to reduce the teeth decays, periodontal diseases, the prevention of orthodontic treatment, the promotion of the national culture and health, and finally cost reduction of the family per capita. If prevention dentistry would be a national priority, then surely the dental insurance companies that usually do not cover the

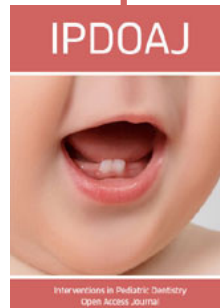
dental treatments, they will be persuaded to provide public health after a decade. This can happen only by eliminating the dangers of dental crisis which shows the importance of childhood preventive dentistry.



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