



7: Outcome and impact – a report from the Adult Dental Health Survey 2009

The NHS Information Centre
is England's central, authoritative source
of health and social care information.

Acting as a 'hub' for high quality, national,
comparative data, we deliver information for local
decision makers, to improve the quality and
efficiency of care.

www.ic.nhs.uk

Author: Nigel Nuttall, George Tsakos, Deborah Lader, Kirsty Hill

Editor(s): Ian O' Sullivan

Responsible Statistician: Phil Cooke, Section Head Dental and Eye Care

Version: 1.0

Date of Publication: 24th March 2011



Contents

Introduction	5
Key findings	6
7.1 Self-rated general and dental health	7
Introduction	7
7.1.1 General and dental health	7
7.2 Oral health related quality of life	10
Introduction	10
7.2.1 OHIP-14 Prevalence and number of problems	11
7.2.2 Trends in OHIP-14	15
Introduction	15
Overall OHIP	16
7.2.3 Oral Impacts on Daily Performance (OIDP)	18
Introduction	18
OIDP Prevalence	19
OIDP extent and severity	22
Condition-specific OIDP	24
Conclusion	26
Notes and references	27
Tables	28

Introduction

This report is based on information collected on the interviewer-administered questionnaire and presents estimates on the subjective perceptions of respondents in relation to their general health, oral health and quality of life. The first part of the report includes results on self-rated general and oral health. This is followed by a section on oral health related quality of life, focussing on the impact of the respondents' oral health on their daily life in terms of physical, psychological and social function. For this purpose, two measures of oral health related quality of life were used to collect information: the Oral Health Impact Profile (OHIP-14)¹ and the Oral Impacts on Daily Performance (OIDP)². Both of these scales reflect on the potential impact of oral conditions on the daily life of people; however the OHIP-14 measures the frequency of oral impacts, while the OIDP assessed the severity of the effect of oral impacts on the daily life of respondents. Therefore, both lead to prevalence estimates but as they reflect different attributes of the oral impacts these estimates will not be directly comparable. There are a variety of ways of presenting the data either as frequencies or scores. To enable direct comparisons to be made with other national surveys that have used these measures all established presentation formats for each measure were included in the Tables of this report.

All of the Tables are to be found at the back of the report.

Full background and methodological details for the survey, including response and clinical examination conversion rates can be found in *Foundation report: Adult Dental Health Survey 2009*. A glossary of all clinical terms can also be found in this report.

Key findings

- Overall, 81 per cent of adults said that their general health was good or very good and 71 per cent of adults said that their dental health was good or very good.
- Just under two-fifths of all adults (39 per cent) experienced one or more of the problems included in OHIP-14 (Oral Health Impact Profile-14 scale) occasionally or more often in the previous 12 months. The average number of problems experienced by adults, including those who experienced no problems, was 1.2 and the average total OHIP score was 17.4.
- The most commonly reported OHIP-14 problems were included in the categories of physical pain (30 per cent) and psychological discomfort (19 per cent)
- Between 1998 and 2009 the proportion of dentate adults in England who reported having experienced one or more problem on the OHIP-14 scale occasionally or more often in the previous 12 months, fell by 12 percentage points; 51 per cent in 1998 to 39 per cent in 2009.
- A third of all adults (33 per cent) said they had difficulty performing at least one element of the OIDP (Oral Impacts on Daily Performance). Overall, the more prevalent oral impacts among adults were difficulty eating (21 per cent), smiling (15 per cent), cleaning teeth (13 per cent) and relaxing (10 per cent).
- In general dentate adults attributed their oral impacts primarily to toothache, sensitive tooth or tooth decay, and to problems with their gums. However for problems with smiling, the main conditions identified were appearance of teeth, bad position of teeth and missing teeth.

7.1 Self-rated general and dental health

Introduction

In order to get a picture of self-assessed health, people were asked to assess whether their health in general and their dental health in particular was 'very good', 'good', 'fair', 'bad', or 'very bad'. Self-rated general health is included as the impact of oral conditions may extend beyond the locus of the oral cavity and equally there are a variety of ways in which general health may have an impact on dental health. Whilst no direct conclusions can be drawn from a relationship between general health and oral condition from this level of investigation it will enable a broad assessment of whether dental and general health follow a generally similar pattern or whether they are distinctly different.

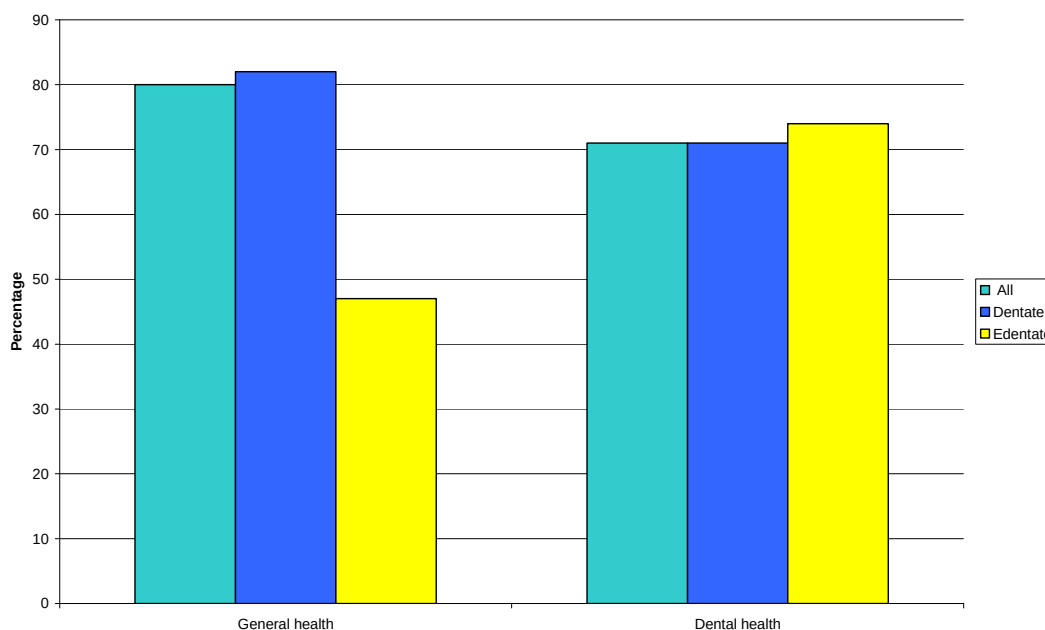
7.1.1 General and dental health

The harmonised five-category general health question that was used has previously been included on the General Lifestyle Survey (GLF)³. Estimates from the GLF in 2008 indicate that 79 per cent of adults said their general health was good or very good. A person's age is also likely to be a factor in their assessment of both general and dental health so, where appropriate, age-standardised figures have been estimated. Overall, 81 per cent of adults said that their general health was good or very good and 71 per cent of adults said that their dental health was good or very good. There was a large difference in the percentages of dentate and edentate adults reporting good or very good general health, 83 per cent of dentate adults said that they had good or very good general health compared with 47 per cent of edentate adults. This difference may be partly explained by the age structure of the two populations, as edentate adults tend to be considerably older than dentate (see *Oral health and function – a report from the Adult Dental Health Survey 2009*). Age-standardised values (see *Adult Dental Health Survey 2009: Foundation report*) showed that the proportion of edentate adults that reported good or very good general health was much lower than would be expected on the basis of the age distribution of the sample, while the respective estimate for dentate adults was slightly higher.

There was no notable difference between dentate and edentate adults in relation to self-reported dental health, with 71 per cent of dentate and 74 per cent of edentate adults reporting good or very good dental health. This small difference was however, explained by the different age structure of the two groups, as the age standardised estimates were equal. The lack of a difference between edentate and dentate adults in self-assessment of their own dental health is, from the point of view of the dental profession, perhaps unexpected and at the very least, suggests that the difference between overall levels of dental health determined from a purely clinical perspective and that from the viewpoint of the population may be considerable.

Figure 7.1.1, Tables 7.1.1 and A7.1.1

Figure 7.1.1 Self assessed general and dental health by dental status, 2009



Generally, greater proportions of younger dentate adults rather than older adults said they had good or very good general and dental health. For example, 91 per cent of dentate adults aged 16 to 24 said they had good or very good general health compared with 65 per cent of dentate adults aged 75 to 84. Similarly, 79 per cent of dentate adults aged 16 to 24 reported that they had good or very good dental health compared with 71 per cent of dentate adults aged 75 to 84. Women were more likely than men to say that they had good or very good dental health (73 per cent compared with 68 per cent) however there were no differences in the proportions of women and men saying they had good or very good general health.

The small differences between countries were not statistically significant and likewise there were few differences between adults in English Strategic Health Authorities (SHAs) on these indicators. There was however, a clear gradient in perceived general and dental health by socio-economic classification of household; 89 per cent of dentate adults from managerial and professional occupation households said they had good or very good general health compared with 77 per cent of adults from routine and manual households. Also, over three quarters (76 per cent) of adults from managerial and professional occupational households and two-thirds (66 per cent) from routine and manual occupation households said they had good or very good dental health. There were also marked differences in self-reported general and dental health between dentate adults with natural teeth only and those adults with both natural teeth and dentures. Among those with natural teeth only, 86 per cent reported that their general health was good or very good and 73 per cent said the same about their dental health, while the respective estimates among dentate adults with dentures were 65 per cent for general health and 55 per cent for dental health. It is notable that a smaller proportion of dentate adults with dentures rated their dental health positively than adults who had no natural teeth (74 per cent). One potential reason for this may be that edentulous adults, the vast majority of who have dentures (98 per cent) compare their current state with that when they had some natural teeth alongside their dentures and consider their current totally tooth-free state to be superior to the natural/artificial dentition they had in the past. If this is indeed the case it may have implications for the management of some adults with natural teeth and dentures.

Table 7.1.2

Both self-assessed general health and dental health were also associated with reported dental behaviour. A greater proportion of dentate adults who went to the dentist for a either a regular or occasional check-up said they had good or very good general health (85 per cent in each subgroup) compared with those who only went when they had trouble with their teeth (77 per cent). Similarly, a greater proportion of adults who said they went to the dentist for a regular check-up said they had good or very good dental health (80 per cent) than adults who went to the dentist only when they had trouble with their teeth (51 per cent). Those dentate adults who had been to the dentist most recently reported better general and dental health than those who had not been for many years. As might be expected, the number of visits to the dentist with trouble was inversely related to self-rated dental health; 78 per cent of adults who had not visited the dentist in the previous five years because of trouble with their teeth said they had good or very good dental health, compared with 52 per cent of those adults who had made four or more visits over the same time period.

Table 7.1.3

Table 7.1.4 shows self-assessed health in relation to several indicators of dentate adults' oral condition as measured in the ADHS clinical examination. Generally, those with better oral health established by clinical examination tended to self-report better general and dental health. Having 21 or more natural teeth is regarded as a marker of good function and 74 per cent of dentate adults with 21 or more teeth said they had good or very good dental health, compared with 53 per cent of those with fewer than 21 teeth. Similarly, higher proportions of dentate adults with no decayed teeth or without periodontal pockets generally reported better ratings of general and dental health, compared with dentate adults with some decayed teeth or periodontal pockets respectively. However having restored teeth was not associated with reported good or very good dental health.

Table 7.1.4

In the first report, *Oral health and function – a report from the Adult Dental Health Survey 2009* several key clinical oral health indicators of good oral health were combined into an aggregate measure, whereby a dentate participant was considered to have excellent oral health if all of the following were observed: 1) presence of 21 or more natural teeth, 2) presence of 18 or more sound and untreated teeth and roots, 3) no decay detected at any site, 4) no periodontal pocketing of 4mm or more and no loss of attachment of 4mm or more, and 5) no calculus or bleeding. This same measure has been applied here. Dentate adults who had excellent oral health had considerably better self-assessed general and dental health than those without excellent oral health; 94 per cent of adults with clinically measured excellent oral health said they had good or very good general health compared with 81 per cent of those who did not meet this clinical threshold for oral health, while 88 per cent of adults with excellent oral health said they had good or very good dental health compared with 69 per cent of adults who did not meet the criteria for excellent oral health.

Table 7.1.4

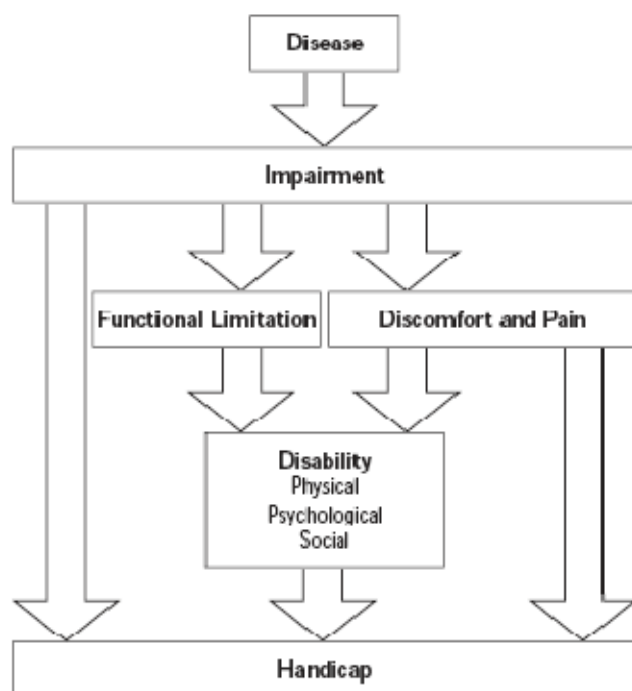
7.2 Oral health related quality of life

Introduction

Other reports in this series have presented estimates of the extent of dental disease in order to give a clinical indication of the dental problems among adults in England, Wales and Northern Ireland. However, focusing solely on clinical indicators may not directly reflect the problems people experience as a result of their dentition. The present report considers people's perceptions of how they are affected as a whole by dental disease and conditions using two measures of oral impact; the Oral Health Impact Profile (OHIP-14)^{1,4, 5} and The Oral Impacts on Daily Performance (OIDP)^{1,2}.

The aim of the Oral Health Impact Profile is to provide a comprehensive measure of self-reported dysfunction, discomfort and disability arising from oral conditions. It was used in the 1998 Adult Dental Health survey as it had a sound theoretical underpinning. This theoretical base was Locker's⁶ adaptation of the World Health Organisation's (WHO) classification of impairments, disabilities and handicaps⁷. In the WHO model, impacts are organised linearly to move from a biological to a behavioural to a social level of analysis. Slade and Spencer adapted this by proposing seven dimensions of impact of oral condition; these were functional limitation; physical pain; psychological discomfort; physical disability; psychological disability; social disability; and handicap. Each of the seven dimensions in the original OHIP⁸ scale was assessed from seven questions on the type of problems experienced (a total of 49 questions). A shortened version (OHIP-14) was later developed based on a subset of two questions for each of the seven dimensions that are shown in Figure 7.2.1; for practical reasons the OHIP-14 was included on the ADHS 2009 survey. OHIP-14 is intended to measure impacts of a person's general oral condition rather than the effects of specific disorders and is a measure of the burden of oral impairments that does not look at positive aspects of oral health. In 1998 only dentate adults were asked the OHIP-14 questions, however in the present survey both dentate and edentate adults were asked these questions.

Fig 7.2.1 Locker's conceptual model of oral health



7.2.1 OHIP-14 Prevalence and number of problems

Tables 7.2.1 to 7.2.13 show the prevalence of OHIP-14 problems, the average number of problems, and the average total OHIP score. Each OHIP-14 problem consists of 2 questions and the most frequent response to either question determines the overall frequency of experiencing the problem. For example, a person who responded that they had *occasionally* experienced “painful aching in their mouth” along with a response that they had *hardly ever* “found it uncomfortable to eat any foods” would be classified as having experienced physical pain occasionally. A widely accepted threshold for reporting a positive OHIP-14 impact is experiencing a problem occasionally or more often; this level is used in the present analysis. The total OHIP score was calculated by adding the numerical values for people’s responses on the 14 questions ('Never' =0, 'Hardly ever' =1, 'Occasionally' =2, 'Fairly often' =3 and 'very often' =4). The range of values possible was from 0 (never on all 14 questions) to 56 (very often on all 14 questions). Higher scores imply a more impaired oral health-related quality of life. The highest value recorded among the population was 56 indicating that all 14 questions were reported as problems that were experienced ‘very often’.

Just under two-fifths of all adults (39 per cent) experienced one or more of the problems included in OHIP-14 occasionally or more often in the previous 12 months. The average number of problems experienced by adults, including those who experienced no problems, was 1.2 and the average total OHIP score was 17.4. The most commonly reported OHIP-14 problems were included in the categories of physical pain (30 per cent) and psychological discomfort (19 per cent). Most of those reporting any problems said that they had experienced them occasionally in the last 12 months, rather than fairly often or very often. The type of problem designated as “handicap” was concerned with the impact of oral condition on overall quality of life. Five per cent of adults thought that their oral condition made their life less satisfying or led them to being unable to function occasionally or more often in the preceding year. In some cases oral condition was sufficient to cause severe problems; one per cent of the sampled adults felt their problems with their oral condition had

made them totally unable to function occasionally or more often in the preceding 12 months, indicating that, to a few people, oral condition has a very significant impact on overall quality of life.

Table 7.2.1

Tables 7.2.2 and 7.2.3 show the frequency of reported problems for dentate and edentate adults separately. Overall, 40 per cent of edentate and 39 per cent of dentate adults experienced at least one OHIP-14 problem. Similarly, there was also no difference in the average number of problems experienced or the average total OHIP score between dentate and edentate adults. Edentate adults tended to experience different OHIP-14 problems than their dentate counterparts; they were more likely to report problems of functional limitation (12 per cent compared with 6 per cent) and physical disability (12 per cent compared with 8 per cent), and less likely to mention problems of psychological discomfort (15 per cent compared with 20 per cent) and psychological disability (10 per cent compared with 14 per cent) or social disability (3 per cent compared with 6 per cent). There were however, similarities between both dentate and edentate adults in terms of the frequency with which they reported problems reflecting physical pain and psychological discomfort. Age-standardised estimates for the percentage of people reporting at least one OHIP-14 problem for dentate and edentate adults indicate that age did not appear to be a factor contributing to these findings.

Tables 7.2.2, 7.2.3 and A7.2.3

There were age group differences in prevalence of most OHIP-14 problems among dentate adults. Older groups of dentate adults may be regarded as dental survivors, the worst cases having become edentulous at an earlier age, nevertheless it might still be expected that the dentate elderly would have more problems with their ageing dentition than many of those in the younger age groups. It is interesting therefore, that they only report more problems for some categories, perhaps reflecting a difference in expectations, stoicism or values between the age groups.

Significant variation between age-groups was observed on all OHIP-14 problems except physical disability. For example, 34 per cent of dentate adults aged 55 to 64 reported experiencing physical pain occasionally or more often compared with 26 per cent of dentate adults aged 16 to 24. Similarly, a greater proportion of dentate adults aged 55 to 64 reported problems with functional limitations and handicap (impact on overall quality of life) (9 per cent and 7 per cent respectively) than younger adults. However, in terms of problems reflecting psychological disability, the highest rate of reported experience of these types of problems occasionally or more often (17 per cent) was among adults aged 25 to 34. The highest rate of reporting experience of at least one OHIP-14 problem was observed among dentate adults aged 55 to 64 (43 per cent) and the lowest was among adults in the aged 16 to 24 (32 per cent).

Table 7.2.4

Overall there were few differences between dentate men and women in reporting OHIP-14 problems. However, a significantly greater proportion of women reported experiencing frequent psychological discomfort and psychological disability than men; 22 per cent of women said they experienced psychological discomfort occasionally or more often compared with 17 per cent of men and similarly, 16 per cent said they occasionally or more often experienced psychological disability compared with 12 per cent of men. Dentate women tended to report more problems than dentate men (41 per cent compared with 36 per cent)

and their average total OHIP-14 score was also higher on average (17.7 compared with 17.2 for men).

Table 7.2.5

There were very few differences between dentate adults in England, Wales and Northern Ireland in terms of reporting OHIP-14 problems, however 30 per cent of adults in England reported experiencing problems with physical pain compared with 25 per cent of dentate adults in Northern Ireland and 24 per cent of dentate adults in Wales. Dentate adults living in England were also more likely than those living in Wales or Northern Ireland to report experiencing at least one OHIP-14 problem occasionally or more often; 39 per cent in England compared with 32 percent in both Wales and Northern Ireland.

Table 7.2.6

A clear socio-economic gradient was observed in the experience of all OHIP-14 problems; a greater proportion of dentate adults from routine and manual households reported experiencing problems relating to all problem types, than adults from managerial and professional occupation households. For example, 26 per cent of dentate adults from managerial and occupational households said they had experienced problems related to physical pain occasionally or more often compared with 32 per cent of adults from routine and manual occupation households. Similarly, a gradient was apparent in a number of other domains and when overall measures were considered; 34 per cent of adults from managerial and professional occupation households said they experienced at least one OHIP-14 problem occasionally or more often compared with 42 per cent of adults from routine and manual occupation households.

Table 7.2.7

There were also marked differences in the reporting of all types of OHIP-14 problems in the previous 12 months between dentate adults who also had dentures and those with natural teeth only. Overall, 54 per cent of dentate adults with dentures reported having at least one OHIP-14 problem occasionally or more often compared with 36 per cent of those with natural teeth only. They also had more problems on average; 1.9 (average total OHIP 19.6) compared with an average of 1.1 problems reported by those who relied on their natural teeth (and a average total OHIP of 17.1). The most commonly reported problem, physical pain, was reported by 41 per cent those who had natural teeth and dentures compared with 28 per cent of those who had natural teeth only. Similarly, 32 per cent of adults who had natural teeth and dentures reported some form of psychological discomfort compared with adults with natural teeth only (18 per cent). This pattern was apparent for each of the individual OHIP-14 problems.

Table 7.2.8

A greater proportion of dentate adults who indicated that they tend only to go to the dentist when they have trouble with their teeth reported at least one problem included in the OHIP-14 scale during the previous 12 months (48 per cent), than adults who go for an occasional check up (36 per cent) and those that go for a regular check up (35 per cent); these adults also reported more problems on average than those who sought check-ups on either a regular or occasional basis. This pattern was observed on all dimensions of OHIP-14; for example 37 per cent of adults who said they attend only when they have trouble with their teeth reported that they experienced physical pain occasionally or more often, compared with 27 per cent of those dentate adults who said they tended to attend for regular check ups. In addition 9 per cent of adults who only attend a dentist when they have some trouble

with their teeth reported that their oral condition was sufficient to make their life less satisfying or made them unable to function (handicap) occasionally or more often in the last 12 months compared with 4 per cent of those who say they attend for regular check-ups.

Table 7.2.9

Finally, dentate adults who said they had never visited the dentist were no more likely than those who went for regular or occasional check-ups to report OHIP-14 problems, and significantly less likely to report problems than those who went to the dentist when they had trouble with their teeth (34 per cent compared with 48 per cent of those who went when they had trouble). This is a comparatively very small group of people but it does suggest that there are some adults who maintain a dentition which is relatively trouble-free without the requirement to attend a dentist

Table 7.2.9

Overall, dentate adults who had been to the dentist in the last 12 months were no more likely to have reported having experienced a dental problem in the same period than those who had not visited a dentist. However, there were some differences in the individual problems on the scale; for example, a smaller proportion of those who had attended in the last year reported having experienced psychological discomfort (19 per cent) or psychological disability (13 per cent) caused by their oral condition in the last 12 months than those who had last attended over ten years previously (27 per cent psychological discomfort and 20 per cent psychological disability).

Table 7.2.10

Nearly two thirds (65 per cent) of dentate adults who had been to the dentist four or more times in the past 12 months due to trouble with their teeth experienced at least one problem included in the OHIP-14 scale, compared with 26 per cent of those who had not been to the dentist in the past 12 months due to trouble with their teeth. Those who had attended 4 or more times in the last year for trouble with their teeth were much more likely to report having experienced all of the types of OHIP-14 problems and reported 2.7 OHIP-14 problems on average, compared with only 0.6 among those who had not been to the dentist with trouble with their teeth in the same period.

Table 7.2.11

There were large differences in the reporting of having experienced at least one problem on the OHIP-14 in the previous 12 months when self-assessed general and dental health was considered. Overall, just over three-fifths (61 per cent) of dentate adults who assessed their general health as bad or very bad reported one or more OHIP-14 problem, compared with 35 per cent of those who assessed their general health as good or very good. The respective percentages for self-assessed dental health were 82 per cent and 28 per cent. These patterns were observed on all of the individual OHIP-14 problems when general and dental health, were considered; some of the largest differences were observed on the physical pain, psychological discomfort and psychological disability dimensions. For example, there was a 50 percentage point difference between dentate adults who indicated that they had bad or very bad dental health in terms of having experienced psychological discomfort occasionally or more often in the preceding 12 months (61 per cent) and adults who said their dental health was good or very good (11 per cent). In terms of general health the largest percentage point difference (26 percentage points) was on the physical pain dimension of OHIP-14; 52 per cent of dentate adults who said they had bad or very bad general health indicated that

they had experienced physical pain occasionally or more often in the previous 12 months, compared with 26 per cent of adults who said they had good or very good general health.

Table 7.2.12

Table 7.2.13 shows the prevalence of OHIP-14 problems for dentate adults with different levels of oral health determined by the ADHS clinical examination. Generally, those dentate adults with poorer clinically determined oral health were more likely to report an OHIP-14 problem in the preceding 12 months. Specifically, 52 per cent of those with fewer than 21 teeth reported a problem on the OHIP-14 scale, compared with 39 per cent of those with 21 or more teeth; those adults with fewer than 21 teeth also reported 1.9 OHIP-14 problems on average, compared with 1.2 among those with 21 or more teeth. Similarly 49 per cent of dentate adults with 1 or more decayed teeth reported at least one problem on the OHIP-14 scale, compared with 38 per cent of those with no decayed teeth.

As many as 38 per cent of dentate adults with one or more currently decayed teeth reported physical pain, but interestingly, 29 per cent of those with no currently decayed teeth also reported physical pain in the last 12 months. This illustrates that there are many possible causes of dental pain besides those directly related to visible decay (e.g. dead or root filled teeth, cracked teeth, gum problems, joint problems), whilst for those reporting pain, some may have already had decay treated to remedy the pain.

Finally, there were no differences between dentate adults who had 12 or more restored teeth and those with less than this threshold in terms of having experienced at least one OHIP-14 problem occasionally or more often in the previous 12 months; 41 per cent of those with fewer than 12 restored teeth reported a problem compared with 42 per cent of those with 12 or more restored teeth. This was also the case for four of the seven individual OHIP-14 problem dimensions, with the exception of functional limitation, physical disability and psychological disability. On each of these three dimensions a greater proportion of dentate adults who had fewer than 12 restorations reported experiencing these sorts of problems occasionally or more often than those dentate adults with 12 or more restorations.

Dentate adults with excellent oral health⁹ were less likely than those without excellent oral health to have problems on the OHIP-14 dimensions and on the overall measure. A third (34 per cent) of dentate adults with excellent oral health had at least one OHIP-14 problem compared with 42 per cent of those without excellent oral health.

Table 7.2.13

7.2.2 Trends in OHIP-14

Introduction

The OHIP-14 questions were first included in the Adult Dental Health survey in 1998, when they were only asked of dentate adults. Being able to compare estimates, from two surveys ten years apart, of how people perceive they are affected as a whole by dental disease is of tremendous value when considering whether progress is being made beyond the prevention and treatment of clinical problems. These comparisons allow projections of future demands to be made and consequently allow dental health service planning to be better informed. As already detailed (see *Adult Dental health Survey 2009: Foundation report*) the absence of Scotland from the 2009 ADHS means that it is not possible to describe and discuss OHIP-14 trend data for the whole of the UK. Rather than provide trend data for the three countries

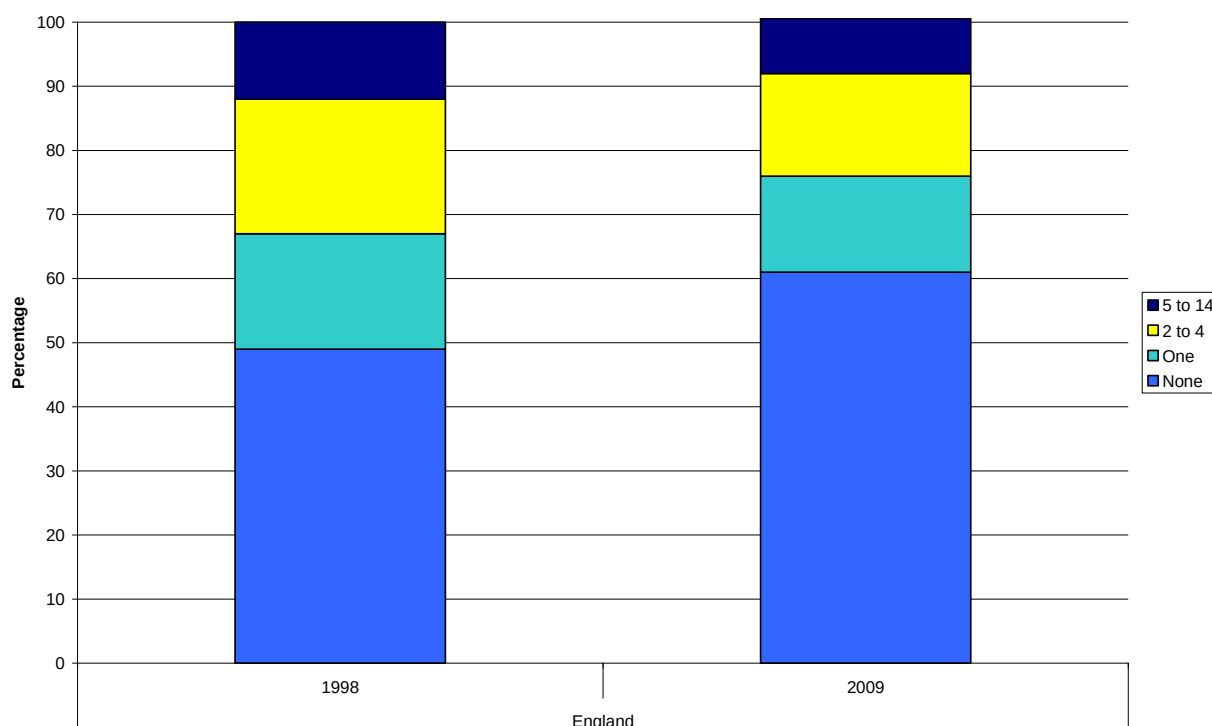
combined, which do not comprise a legislative entity, the trend data for England only, will be discussed in this report. Trends for Wales and Northern Ireland will be less robust in view of the smaller sample sizes and are discussed separately in the country specific reports in the ADHS 2009 series.

Overall OHIP

Table 7.2.14 shows the comparative estimates for the proportion of the dentate adult population in England reporting levels of OHIP-14 problems between 1998 and 2009. Although not a very long time series its clear that between 1998 and 2009 the proportion of dentate adults in England who reported having experiencing one or more problem on the OHP-14 scale occasionally or more often in the previous 12 months, fell by 12 percentage points; 51 per cent in 1998 to 39 per cent in 2009. Figure 7.2.2 shows the distribution of the number of OHIP-14 problems experienced occasionally or more often by dentate adults in England in 1998 and 2009.

Figure 7.2.2 and Table 7.2.14

Figure 7.2.2 The number of reported problems based on OHIP-14 experienced at least occasionally in the preceding 12 months, England: 1998 and 2009



The fall between 1998 and 2009 in the prevalence of OHIP-14 problems experienced was seen most in all the dimensions of the scale but most notably in terms of physical pain and psychological discomfort. Specifically, in 1998 40 per cent of dentate adults in England reported experiencing some physical pain in the preceding 12 months, compared with 30 per cent in 2009 and 27 per cent reported some form of psychological discomfort in 1998 compared with 20 per cent in 2009.

Table 7.2.15

Finally, the average number of OHIP-14 problems reported has decreased from 1.6 in 1998 to 1.2 in 2009 in England indicating an improvement in self-evaluated oral health-related quality of life.

Table 7.2.15

OHIP-14 is intended to measure impacts of a person's general oral condition rather than the effects of specific disorders and it is in this respect that it has revealed an unexpected finding that was also seen for the analysis of adults' self assessed oral health in section 7.1. Specifically, there was no significant difference on any OHIP-14 dimensions between dentate and edentate adults. This contrasts with recently reported findings in Canada where prevalence of OHIP-14 problems were significantly higher among adults with total tooth loss¹⁰. Nevertheless for dentate adults specifically, it has been shown that those adults with natural teeth combined with dentures, who attended the dentist only when having with their teeth, and who had poorer clinically determined oral health status, experienced more OHIP-14 problems. Furthermore, there was a clear socioeconomic gradient in reporting OHIP-14 problems; with adults from routine and manual occupation households experiencing more problems.

7.2.3 Oral Impacts on Daily Performance (OIDP)

Introduction

The previous section looked at the frequency of self-reported dysfunction, discomfort and disability arising from oral conditions. This section takes the analysis a step further by looking at how severely these dysfunctions affect people's daily lives. While the use of OHIP-14 allowed for the assessment of the frequency of different oral impacts, this section focuses on how severe their effect was on the ability of people to carry out basic functions of their daily life.

The Oral Impacts on Daily Performance (OIDP) is an indicator of oral health-related quality of life that attempts to measure oral impacts that can seriously affect the person's daily life and thereby can be potentially useful in the assessment of treatment needs⁸. Like OHIP-14, the theoretical framework for the OIDP is based on Locker's adaptation of the World Health Organisation's classification of impairments, disabilities and handicaps (see Figure 7.2.1)⁵, further modified to focus exclusively on the disability and handicap concepts of the model. Therefore, the OIDP is a measure only of the more significant oral impacts, not the full spectrum of impairments and discomforts. The OIDP index assesses oral impacts on daily life in relation to nine daily performances:

- eating,
- speaking,
- cleaning teeth or dentures,
- going out, for example to the shops or visiting someone,
- relaxing, including sleeping,
- smiling, laughing and showing teeth without embarrassment,
- carrying out major role or work,
- emotional instability, for example becoming more easily upset than usual, and
- enjoying contact with other people, such as relatives, friends or neighbours.

The OIDP index assesses the frequency of oral impacts and the severity of their effect on daily life. The OIDP severity ratings were used in this survey as they provide added information to what is collected using OHIP (frequency ratings). In particular, respondents rated the effect these oral impacts had on their daily life in the past 12 months using a scale from 0 to 5, where 0 was no effect and 5 was a very severe effect. A total OIDP score is calculated by adding the numerical values for people's responses on the 9 performances, dividing by the maximum score (45) and multiplying by 100: the range of values is therefore from 0 to 100. Higher total OIDP scores indicate more severe effect of oral impacts on daily life and represent poorer quality of life. In addition to the OIDP score, the extent of oral impacts is calculated by counting the number of performances affected, thereby ranging from 0 to 9.

Furthermore, the OIDP is specifically designed to link the oral impacts experienced with self-reported specific perceived oral problems. To link the two, individuals who report that their oral health had negatively affected their ability to carry out a daily life activity or behaviour are asked a subsequent question about the perceived cause of their impact. The perceived causes are:

- toothache, sensitive tooth, tooth decay (hole in tooth)
- loose tooth, bleeding gums, receding gums, tartar, bad breath, swollen gums (gum abscess)
- bad position of teeth (e.g. crooked or projecting, gap), space between teeth, deformity of the mouth or face
- broken or fractured tooth
- missing tooth/teeth
- colour, shape or size of teeth and
- loose or ill-fitting denture¹⁰

Consequently, each oral impact, such as difficulty eating for example, can be linked to a specific oral condition that may need attention (e.g. missing teeth). This linkage facilitates calculation of condition-specific OIDP prevalence, in addition to the overall prevalence, thereby attributing the oral impacts experienced to different oral conditions. The OIDP severity ratings and the condition-specific estimates of the OIDP can respectively give a better picture of how important are the oral impacts and which oral conditions are thought to cause them. Such information is useful for planning oral health services. On ADHS 2009 both dentate and edentate adults were asked the impact questions, and where relevant the perceived cause questions.

OIDP Prevalence

A third of all adults (33 per cent) said they had difficulty performing at least one element of the OIDP. There was no significant difference between dentate and edentate adults in terms of the proportion of difficulty experienced overall on OIDP; oral impacts were reported by 33 per cent of dentate and 29 per cent of edentate adults. Age-standardised ratios (Table A7.2.21) showed that the different age structure between dentate and edentate did not have any effect on the overall prevalence of OIDP.

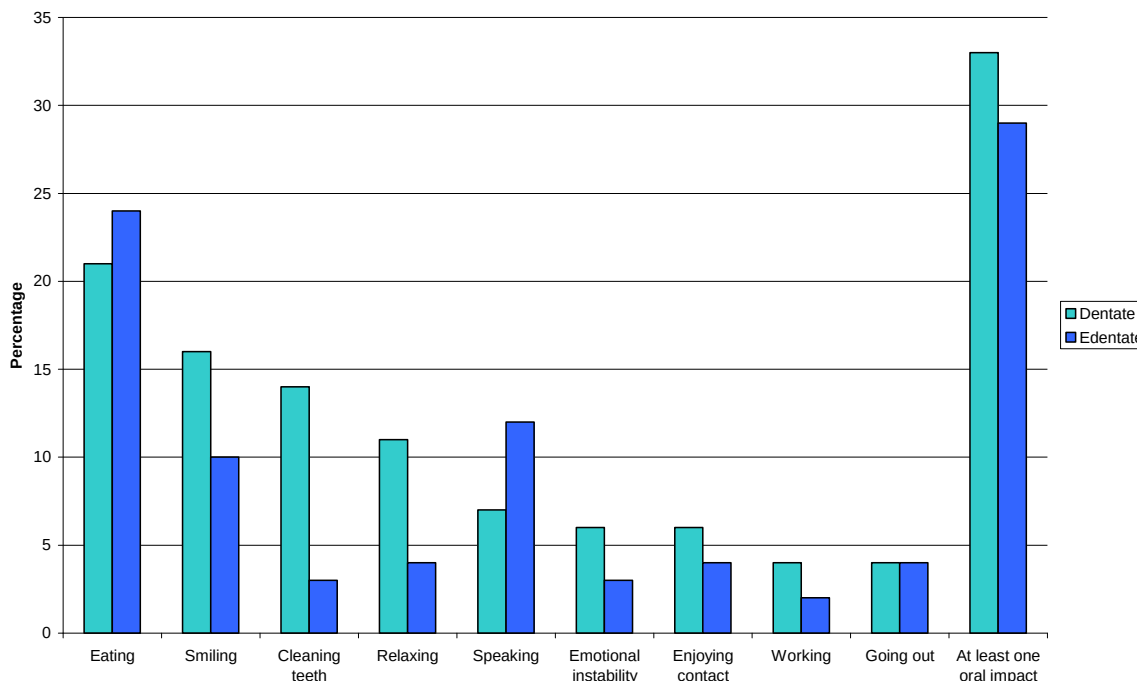
Overall, the more prevalent oral impacts among adults were difficulty eating (21 per cent), smiling (15 per cent), cleaning teeth (13 per cent) and relaxing (10 per cent). Difficulty eating was the most prevalent oral impact among both dentate and edentate adults (21 per cent and 24 per cent respectively). Among dentate adults, the two next most prevalent oral impacts referred to were smiling (16 per cent) and cleaning teeth (14 per cent) and among edentate adults, they were speaking (12 per cent) and smiling (10 per cent).

There were no significant differences between dentate and edentate adults in the proportion who reported an oral impact on eating. However, there were significant differences between dentate and edentate adults in relation to the other three most prevalent overall oral impacts; smiling, cleaning teeth/dentures, and relaxing. Difficulty performing all three of these on a daily basis was reported by a greater proportion of dentate than edentate adults; for example, 16 per cent of dentate adults indicated that they had trouble smiling, 14 per cent that they had trouble cleaning their teeth and 11 per cent that they had trouble relaxing and compared to 10 per cent, 3 per cent and 4 per cent of edentate adults on these three daily performances.

The only feature of the OIDP that a greater proportion of edentate adults reported problems with than dentate adults was with speaking; 12 per cent of adults with no natural teeth said they had daily problems with speaking compared with 6 per cent of dentate adults.

Figure 7.2.3, Table 7.2.16 and A7.2.16

Figure 7.2.3 Oral impacts on daily performance by dental status, 2009



Among dentate adults, there was some variation in the prevalence of oral impacts (reporting at least one oral impact) by age group although no clear pattern emerged. A greater proportion of women reported worse oral health related quality of life than men (34 per cent compared with 31 per cent), in contrast to their oral health status. There was no significant difference in the prevalence of oral impacts between adults in England, Wales and Northern Ireland or among English SHAs. There was however a clear gradient between different socioeconomic classifications of household; for example 35 per cent of those in routine and manual occupational households reported at least one oral impact, compared with 31 per cent of those in managerial and professional occupations households.

There was also a considerable difference in the prevalence of oral impacts between respondents with natural teeth only and those with natural teeth and dentures; the latter were more likely to report at least one oral impact than the former (44 per cent and 31 per cent respectively). These differences were observed for the overall OIDP prevalence and for most OIDP performances, with the exception of relaxing. In particular, 31 per cent of dentate adults who also wore dentures said they had difficulty with eating, compared with 19 per cent of those with only natural teeth. Similarly, the respective prevalence was 25 per cent compared with 14 per cent for difficulty smiling, and 15 per cent compared with 5 per cent for difficulty speaking.

Table 7.2.17

In terms of self-reported dental behaviour and dental/general health status, a greater proportion of dentate adults who only went to the dentist when they had trouble with their teeth (41 per cent) reported experiencing at least one oral impact than those who went for

regular check ups (29 per cent). This pattern was clear on virtually all of the individual daily OIDP performances. There were however, no differences in the prevalence of having at least one oral impact between dentate adults who said they had attended the dentist more or less recently. However, there was a very clear gradient between the number of visits to a dentist with trouble in the last five years and the prevalence of oral impacts; 56 per cent of dentate adults who had been to the dentist four or more times in the last five years because of trouble with their teeth reported at least one oral impact compared with 21 per cent of adults who had not been to the dentist over the same time period for this reason. Again, this pattern was reflected on all of the daily performances on the OIDP. Perhaps unsurprisingly, the greater the number of such visits the worse the oral health related quality of life ratings, in terms of higher prevalence for oral impacts overall and all OIDP performances.

Table 7.2.18

There were marked differences in the prevalence of oral impacts between groups of dentate adults with different ratings of self-assessed general and dental health. Overall, 53 per cent of dentate adults who assessed their general health as bad or very bad reported one or more oral impacts, compared with 43 percent of those reporting their general health as fair and 30 per cent of those who rated their general health as good or very good. The respective figures for the prevalence of oral impacts by the different ratings of self-assessed dental health were 75 per cent, 51 per cent and 23 per cent. As with the overall prevalence of oral impacts, large differences were also observed for the prevalence in the nine OIDP performances.

Figure 7.2.4 and Table 7.2.18

Figure 7.2.4 Oral impacts on daily performance by self-reported general and dental health assessment, 2009

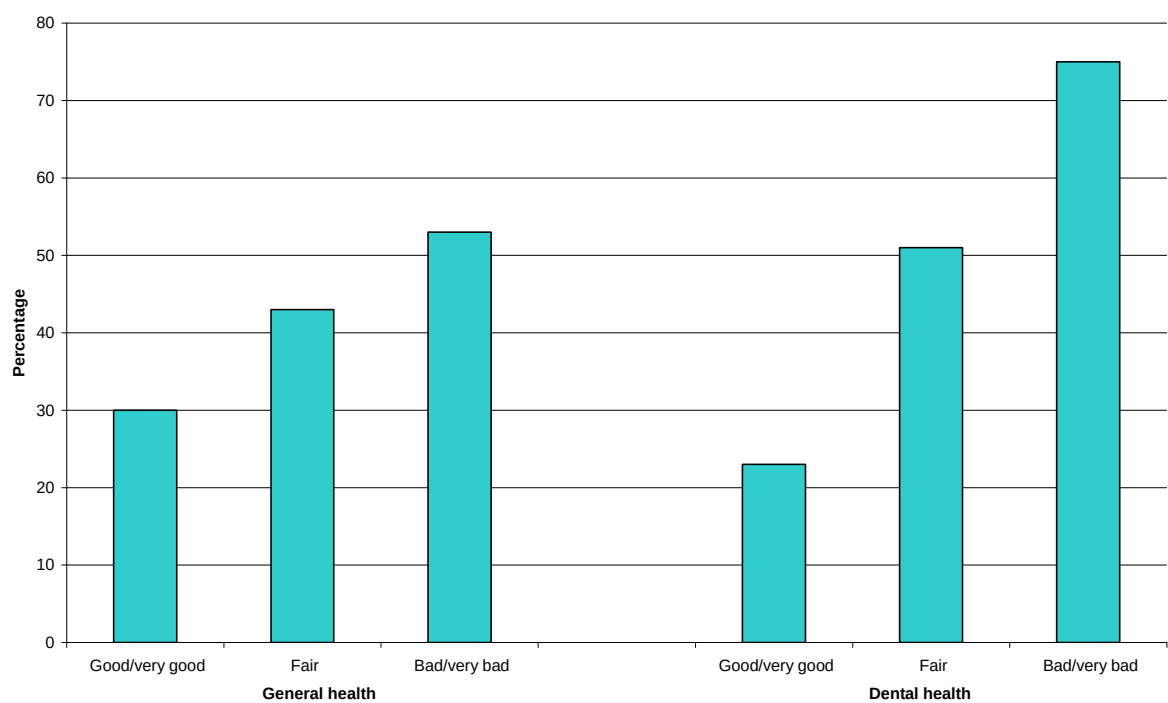


Table 7.2.19 shows the prevalence of OIDP performances for dentate adults by oral health status determined by the ADHS clinical examination. Generally, groups with poorer clinical oral health were more likely to have a higher prevalence of oral impacts assessed using

OIDP. For example, 45 per cent of those with fewer than 21 teeth reported a difficulty with at least one OIDP performance, compared with 34 per cent of those with 21 or more teeth. Adults with fewer than 18 sound and untreated teeth and those with decayed teeth had higher prevalence of oral impacts (40 per cent and 42 per cent respectively) than participants with 18 or more sound and untreated teeth and without decayed teeth (32 per cent and 33 per cent respectively).

There were also clear differences in the prevalence of oral impacts between different periodontal condition groups. Dentate adults with periodontal pocketing were more likely to have at least one oral impact than their periodontally healthier counterparts; for example, 46 percent of dentate adults with periodontal pockets of 6mm or more reported at least one oral impact but the respective estimate among dentate adults without such periodontal pockets was 35 per cent. Looking at the aggregate measure of clinical oral health status, dentate respondents with excellent oral health⁹ had significantly lower prevalence of oral impacts (32 per cent) compared to dentate participants without excellent oral health (36 per cent).

Table 7.2.19

Overall, the findings in relation to the associations with different socio-demographic, clinical, other subjective and behavioural variables were similar for the prevalence of both the OHIP-14 and the OIDP. This similarity between the two oral health related quality of life measures indicates a common pattern of associations for both frequency and severity of oral impacts.

OIDP extent and severity

The prevalence of oral impacts is expressed by the proportion of adults reporting at least one OIDP performance affected by their oral conditions and gives an overall estimate of the negative effect of oral conditions on the quality of life of adults. In this section, the broad assessment of prevalence is further investigated by more detailed information in relation to the extent and the severity of oral impacts reported. Tables 7.2.20 to 7.2.26 show the average number of oral impacts (OIDP performances affected possible range from 0 to 9) and therefore give an indication of the extent of impacts on oral health quality of life. They also report the highest rating (more severe oral impact) on any of the nine daily performances and the average total OIDP score. Tables 7.2.21 to 7.2.26 show results alternately for the whole population of dentate adults followed by those dentate adults who reported at least one oral impact.

The average number of oral impacts reported among all adults was 0.9. This was slightly higher among dentate (0.9) than edentate adults (0.6). The average total OIDP score (range 0 to 100) was 4.5 (4.6 among dentate and 3.5 among edentate adults). Clearly oral impacts did not in general have very severe effects on the daily life of dentate participants, however these estimates refer to a general population and in this respect they are not expected to be excessive. Moreover, there was a considerable proportion of respondents who reported that oral conditions had a severe negative effect overall on their ability to carry out basic daily life activities; a total of 15 per cent of dentate and 13 per cent of edentate gave a score of 3 or above in the severity ratings.

Table 7.2.20

The severity of oral impacts is much clearer however when the results of those adults who actually reported oral impacts are looked at. On average, those adults who reported oral impacts were affected by 2.6 OIDP items and scored an average total OIDP score of 13.9

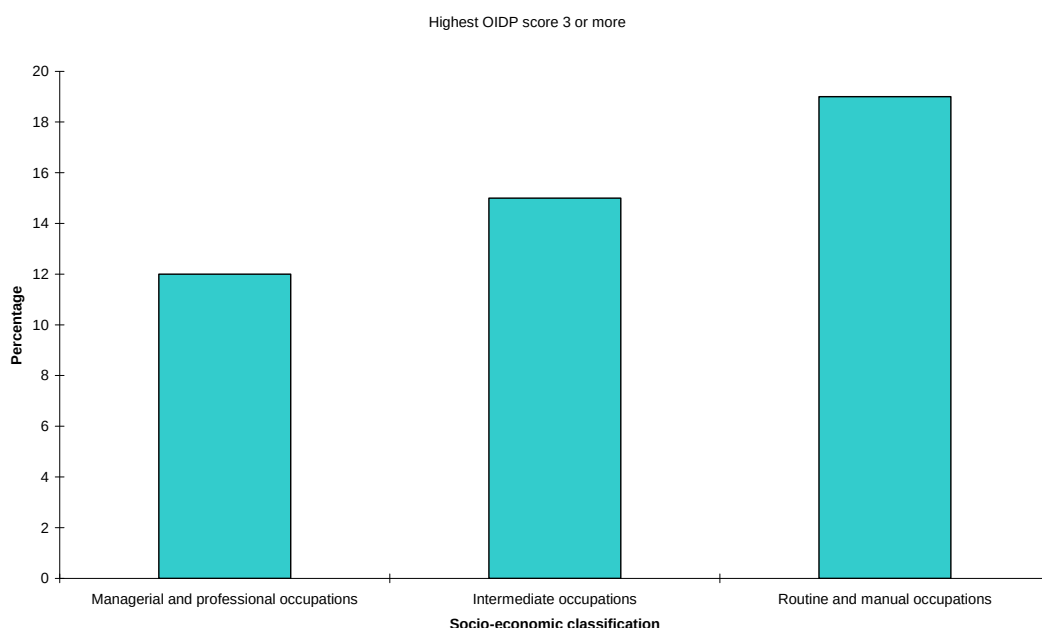
(14.0 among dentate adults and 12.3 among edentate adults, a non-significant difference). Furthermore, nearly half of both dentate and edentate adults (46 per cent each) reported a score of 3 or above in the severity ratings.

Table 7.2.20

As for the prevalence of at least one oral impact, there were differences in the average number of OIDP performances reported between age groups, with a broad pattern towards decreasing average scores as adults get older. Similarly, women have a higher average number of OIDP performances than men (0.9 compared with 0.8 respectively). Also, there was a clear socio-economic gradient in OIDP severity scores. Adults in managerial or professional households reported better oral health related quality of life than those in routine or manual occupational households. This can be seen in the distribution by the socio-economic classification of their household of the proportion of dentate participants that gave ratings of 3 or above in the OIDP severity scale (12 per cent for those in managerial occupations, and 19 per cent for those in routine and manual occupations) and the average OIDP scores (3.7 and 5.5 respectively).

Figure 7.2.5 and Table 7.2.21

Figure 7.2.5 Severity of oral impacts by socio-economic classification



Finally, dentate adults with natural teeth and dentures reported a greater number of daily life performances affected by their oral health than those with only natural teeth (1.2 and 0.8 performances on average respectively). Similarly, there was considerable difference in the average total OIDP score between these groups (7.0 and 4.2 respectively), with those with natural teeth only, reporting better quality of life. The same was the case for the proportion of dentate adults that gave OIDP severity ratings of 3 or above (24 per cent of those with natural teeth and dentures, compared with 14 per cent of those with natural teeth only). Overall, this pattern of results was also evident among dentate adults who reported at least one oral impact.

Tables 7.2.21 and 7.2.22

There were clear differences in the average number of oral impacts and the OIDP score in terms of the reasons dentate adults gave for going to the dentist. For example, dentate adults who said that they only go to the dentist when they have some trouble with their teeth had an average number of oral impacts of 1.2 compared with 0.7 among those who said they go for regular check ups. Likewise dentate adults who visited a dentist only when they had trouble with their teeth had higher average OIDP scores, compared with those who usually attended for an occasional or for a regular check-up. The former group reported an average OIDP score of 6.7, while the respective figure for dentate adults who visited for regular check-ups was 3.7. There was also a gradient in OIDP scores according to the number of visits due to having trouble over the preceding 5 years; the higher the number of such visits, the higher the number of oral impacts reported and the higher the OIDP score, indicating worse oral health related quality of life.

Table 7.2.23

As might be expected, there were very strong associations between self-rated oral health and OIDP among dentate adults. For example, dentate adults who rated their own oral health as bad or very bad reported more oral impacts (2.8) and had higher average OIDP score (17.7) than those that reported that their oral health was good or very good (0.5 oral impacts on average; average OIDP score: 2.5). That also applied clearly, but to a lesser extent, to the association between self-rated general health and OIDP. The average OIDP score was 11.6 for those that reported bad or very bad general health and 3.8 for those that reported good or very good general health. And the respective figures for the average number of oral impacts were 1.8 and 0.8. Similar results were observed among dentate adults who reported at least one oral impact.

Tables 7.2.23 and 7.2.24

On almost every clinical measure assessed by the ADHS clinical examination dentate adults whose dental health was assessed as being poorer reported more oral impacts and higher average total OIDP scores. Adults with fewer than 21 teeth, fewer than 18 sound and untreated teeth, fewer than 12 restored otherwise sound teeth, one or more decayed teeth, and worse periodontal status reported worse oral health related quality of life than those with better clinical dental health in each case. For example, the average OIDP score for dentate adults with 21 or more teeth was 4.6 while the respective figure for those with fewer teeth was 7.5. Dentate adults with decayed teeth had higher OIDP score, indicating worse oral health related quality of life, than those without decayed teeth (average scores: 7.2 and 4.2 respectively). Similarly, dentate adults with periodontal pocket(s) of 6mm or more had an average OIDP score of 8.0, while respective score among their counterparts without such periodontal pockets was 4.7. This was also reflected in the aggregate variable for clinical oral health status. Dentate adults with excellent oral health⁹ had significantly lower average OIDP score than those without all these markers of excellent oral health. As for all other measures (socio-demographic and behavioural) discussed similar results were observed among dentate adults who reported at least one oral impact.

Tables 7.2.25 and 7.2.26

Condition-specific OIDP

As previously mentioned, the condition-specific OIDP links the reported oral impacts on daily performances with different oral conditions, as perceived by the people with the oral impacts. The severity ratings and the condition-specific estimates of the OIDP can give a better

picture of the importance of the oral impacts and their associated oral conditions. People could mention more than one oral condition as the reason for their oral impact.

Of those dentate adults who reported oral impacts in relation to eating (the most common oral impact) 61 per cent attributed the impact to toothache, sensitive tooth or tooth decay; 29 per cent to problems with their gums or loose teeth; 20 per cent to broken tooth or teeth; 18 per cent to missing tooth or teeth and fewer to other oral conditions. The same two most frequently mentioned oral conditions for the oral impacts in relation to eating (toothache, sensitive tooth or tooth decay; and gum problems) were also more frequently mentioned as responsible for the oral impacts related to cleaning teeth or dentures, going out, relaxing, carrying out their major work or role, and emotional instability. In addition to these two oral conditions, a large proportion of respondents attributed difficulty speaking to their ill-fitting denture (20 per cent), while oral impacts in relation to enjoying social contacts were attributed to a variety of oral conditions (35 per cent to toothache, sensitive tooth or tooth decay, 27 per cent to gum problems, 23 per cent to missing tooth or teeth, 21 per cent to the appearance of the teeth, 20 per cent to bad position of teeth). The pattern was however, different for oral impacts in relation to smiling, where the most frequent oral conditions reported by dentate participants as responsible for this impact were related to appearance (colour, shape or size) of their teeth (33 per cent), bad position of their teeth (27 per cent) and missing tooth or teeth (25 per cent). These findings indicate that toothache, sensitive tooth or tooth decay, followed by gum problems, are the conditions predominantly implicated for most oral impacts, but not necessarily so for oral impacts linked to psychological and social aspects of daily life.

Table 7.2.27

Conclusion

The general perception of adults about their dental health was quite positive, with 71 per cent saying that it was good or very good. The positive perception applied equally to dentate and edentate adults. On the other hand, a considerable proportion of adults experienced oral impacts, as 39 per cent of dentate and 40 per cent of edentate adults reported at least one OHIP-14 problem and 33 per cent of dentate and 29 per cent of edentate adults reported that at least one OIDP performance affected by their oral health. In comparison to the 1998 survey, the prevalence of oral impacts (OHIP-14) is considerably lower in this survey.

Oral impacts were fairly prevalent but not very frequent for most people; most of those that reported OHIP-14 problems experienced them no more than occasionally in the last 12 months. Similarly, they were not very severe in general, though 15 per cent of dentate and 13 per cent of edentate reported that oral conditions had a severe negative effect on their daily life (OIDP severity rating of 3 or higher). Among dentate adults, oral health related quality of life varied by dental status, reason for attending the dentist, and several clinical measures of oral health. Furthermore, there was a very clear gradient in oral health related quality of life according to socio-economic position, with lower socioeconomic groups reporting more prevalent (OHIP-14) and also more severe (OIDP) oral impacts. This implies that some sections in the adult dentate population may be disadvantaged in terms of their oral health resulting in a considerable negative impact on their quality of life.

Perhaps the most unexpected finding was the lack of any marked overall differences between dentate and edentate adults in all 3 measures of impact (self-rated dental health, OHIP-14 and OIDP). In 2009, the group who reported most problems with the dental condition were not edentate adults but those with natural teeth combined with dentures.

Notes and references

- ¹ Sheiham A, Tsakos G. *Oral health needs assessments*. In: Pine C, Harris R (eds). Community Oral Health. Mew Malden: Quintessence Publishing Co. Limited; 2007; 59–79.
- ² Adulyanon S, Sheiham A. (1997) Oral Impacts on Daily Performances. In: Slade GD (ed). Measuring Oral Health and Quality of Life. Chapel Hill, NC: University of North Carolina, Dental Ecology;151-160.
- ³ Ali R et al (2010) General Lifestyle Survey 2008: Overview report ONS London,
- ⁴ Slade GD, Spencer AJ. Development and validation of the Oral Health Impact Profile. Community Dent Health. 1994;11(1):3-11
- ⁵ Slade GD. Derivation and validation of a short-form oral health impact profile. Community Dent Oral Epidemiol. 1997;25(4):284-90.
- ⁶ Locker D. (1988) Measuring oral health: a conceptual framework. Community Dental Health; 5: 5-13.
- ⁷ World Health Organisation. (1980) International classification of impairments disabilities and handicaps: a manual of classification. Geneva: World Health Organisation
- ⁸ Slade G (ed) (1997). *Measuring oral health and quality of life* Chapel Hill: University of North Carolina, Dental Ecology
- ⁹ 21 or more natural teeth, 18 or more sound and untreated teeth and roots; no decay detected at any site; no periodontal pocketing of 4mm or more and no loss of attachment of 4mm or more; and no calculus or bleeding
- ¹⁰ Locker D, Quinonez C. (2009) Functional and psychosocial impacts of oral health disorders in Canadian adults: a National Population Survey. *Journal of Canadian dental Association*; 75 : 521

Tables

Presentation of data

- o Figures are rounded to the nearest whole value. This could have an impact on row or column percentages which may add to 99 per cent or 101 per cent.
- o Where “0 per cent” is shown in a table, this indicates that fewer than 0.5 per cent of people gave this answer. Instances where no answers for a particular response were given are indicated in the tables by '-'.
- o A few respondents did not answer some questions. These '*no answers*' have been excluded from the analysis. Tables that describe the same population have slightly varying bases.
- o The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown in the totals.
- o Small bases are associated with relatively high sampling errors and this affects the reliability of estimates. In general, percentage distribution is shown if the base is 30 or more. Where estimates are considered unreliable due to relatively high sampling error, figures in the tables are presented with a turquoise shaded background.

Table 7.1.1 Self reported general and dental health by dental status

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>			
Dental status	Percentage with good/very good...		Unweighted Base	Weighted Base (000s)	
	General health	Dental health			
All	81	71	11,380	45,625	
Dentate	83	71	10,570	42,913	
Edentate	47	74	810	2,711	

Table A7.1.1 Self assessed general and dental health by dental status and age, with age-standardised ratios

<i>All adults</i>		<i>England, Wales, Northern Ireland: 2009</i>											
Dental status										Age standardisation			
	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over	All	Expected %	Ratio	Standard error	
Percentage with good/very good general health													
Dentate	91	90	88	81	74	73	65	60	83	80	104	0.28	
Edentate	*	*	*	*	45	54	45	44	47	64	73	2.80	
All	91	90	88	80	72	70	59	53	81				
<i>Dentate</i>	<i>1,040</i>	<i>1,497</i>	<i>2,044</i>	<i>2,010</i>	<i>1,850</i>	<i>1,300</i>	<i>700</i>	<i>130</i>	<i>10,560</i>				
<i>Edentate</i>	<i>-</i>	<i>-</i>	<i>10</i>	<i>30</i>	<i>110</i>	<i>240</i>	<i>310</i>	<i>110</i>	<i>810</i>				
<i>All</i>	<i>1,040</i>	<i>1,500</i>	<i>2,050</i>	<i>2,040</i>	<i>1,960</i>	<i>1,530</i>	<i>1,010</i>	<i>240</i>	<i>11,380</i>				
Percentage with good/very good dental health													
Dentate	79	70	72	66	66	73	71	59	71	70	101	0.2	
Edentate	*	*	*	*	79	75	74	68	74	70	106	2.3	
All	79	70	72	66	67	73	72	63	71				
<i>Dentate</i>	<i>1,040</i>	<i>1,500</i>	<i>2,040</i>	<i>2,010</i>	<i>1,850</i>	<i>1,300</i>	<i>700</i>	<i>130</i>	<i>10,560</i>				
<i>Edentate</i>	<i>-</i>	<i>-</i>	<i>10</i>	<i>30</i>	<i>110</i>	<i>240</i>	<i>310</i>	<i>110</i>	<i>810</i>				
<i>All</i>	<i>1,040</i>	<i>1,500</i>	<i>2,050</i>	<i>2,040</i>	<i>1,960</i>	<i>1,530</i>	<i>1,010</i>	<i>240</i>	<i>11,370</i>				

* base too small to show percentage, but used in calculation of age-standardised ratios

Table 7.1.2 Self reported general and dental health by characteristics of dentate adults

Dentate adults		England, Wales, Northern Ireland: 2009		
Characteristics of adults	Percentage with good/very good...		Unweighted Base	Weighted Base (000s)
	General health	Dental health		
All	83	71	10,570	42,913
Age				
16-24	91	79	1,040	6,691
25-34	90	70	1,500	7,241
35-44	88	72	2,040	8,373
45-54	81	65	2,010	7,365
55-64	74	66	1,850	6,310
65-74	73	73	1,300	3,999
75-84	65	71	700	2,454
85 and over	60	59	130	481
Sex				
Men	83	68	4,750	21,096
Women	83	73	5,820	21,817
Country				
England	83	70	9,020	39,414
Wales	82	73	890	2,201
Northern Ireland	86	74	660	1,299
English Strategic Health Authority				
North East	80	73	900	1,934
North West	82	70	900	5,205
Yorkshire & The Humber	79	68	930	3,931
East Midlands	82	74	1,050	3,391
West Midlands	81	75	790	3,982
East Of England	84	70	990	4,455
London	84	67	730	5,941
South East Coast	84	71	850	3,325
South Central	85	73	940	3,209
South West	82	68	950	4,042
Socio-economic classification of household ¹				
Managerial and professional occupations	89	76	3,910	16,044
Intermediate occupations	82	69	1,910	7,562
Routine and manual occupations	77	66	3,360	13,760
Denture use				
Natural teeth and denture	65	55	1,780	6,044
Only natural teeth	86	73	8,790	36,861

¹ Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 7.1.3 Self reported general and dental health by reported dental and health behaviour

<i>Dentate adults</i>		<i>England, Wales, Northern Ireland: 2009</i>		
Reported dental behaviour	Percentage with good/very good...		Unweighted Base	Weighted Base (000s)
	General health	Dental health		
All	83	71	10,570	42,913
Dental attendance				
Regular check up	85	80	6,980	26,249
Occasional check up	85	70	870	4,172
Only with trouble	77	51	2,570	11,705
Never been to dentist	81	68	140	736
Time since last dental visit ¹				
Less than 1 year	84	76	7,940	30,842
Between 1 and 5 years	80	59	1,650	7,622
Over 5 up to 10 years	77	51	430	2,021
Over 10 years	71	45	410	1,678
Number of visits with trouble in last 5 years ¹				
None	84	78	4,120	17,087
One	84	75	2,300	9,302
Two	82	72	1,510	5,935
Three	81	59	790	3,129
Four or more	78	52	1,670	6,509

¹ Excludes people who had never been to dentist

Table 7.1.4 Self reported general and dental health by clinically examined oral health

<i>Dentate adults</i>		<i>England, Wales, Northern Ireland: 2009</i>		
Clinical oral health	Percentage with good/very good...		Unweighted Base	Weighted Base (000s)
	General health	Dental health		
All	82	71	6,470	42,918
Number of teeth				
21 or more	86	74	5,410	36,941
Fewer than 21	61	53	1,060	5,977
Number of sound, untreated teeth (not including roots)				
18 or more	88	77	2,870	22,410
Fewer than 18	76	63	3,600	20,508
Number of restored otherwise sound teeth				
Fewer than 12	82	71	4,840	33,712
12 or more	85	71	1,630	9,206
Number of decayed teeth				
None	85	78	4,630	30,448
One or more	78	54	1,840	12,470
Periodontal condition				
No periodontal pocketing of 4mm or more	86	77	3,370	23,204
Any periodontal pocketing of 4mm or more	78	63	3,030	19,295
No periodontal pocketing of 6mm or more	83	73	5,820	38,897
Any periodontal pocketing of 6mm or more	74	52	580	3,602
No periodontal loss of attachment 4mm or more	75	72	800	4,422
Any periodontal loss of attachment 4mm or more ¹	72	69	1,590	8,719
Excellent oral health ²				
Has excellent oral health	94	88	1,770	4,120
Does not have excellent oral health	81	69	4,700	38,798

¹ Only recorded for adults 55 or more years old

² 21+ teeth, and 18+ sound and untreated teeth and roots, no active decay and periodontally healthy (pocketing or LoA less than 4mm) in all sextants, no calculus or bleeding.

Table 7.2.1 Frequency of reported problems related to oral conditions in the preceding 12 months

All adults		England, Wales, Northern Ireland: 2009			
Type of problem ¹	Frequency of problem			Percentage experiencing either problem occasionally or more often	
	Occasionally	Fairly often	Very often		
Functional limitation					
had trouble pronouncing words	%	3	1	0	} 7
felt their sense of taste has worsened	%	2	1	0	
Physical pain					
had a painful aching in their mouth	%	16	4	2	} 30
found it uncomfortable to eat any foods	%	16	4	2	
Psychological discomfort					
have been self-conscious	%	9	4	4	} 19
felt tense	%	6	2	1	
Physical disability					
had an unsatisfactory diet	%	3	1	0	} 8
had to interrupt meals	%	4	1	1	
Psychological disability					
found it difficult to relax	%	5	1	1	} 14
have been a bit embarrassed	%	6	2	2	
Social disability					
have been irritable with other people	%	4	1	0	} 6
had difficulty doing usual jobs	%	2	0	0	
Handicap					
felt that life in general was less satisfying	%	4	1	1	} 5
have been totally unable to function	%	1	0	0	
At least one problem	%	39			
Mean number of problems		1.2			
Mean total OHIP score		17.4			
Unweighted Base²		11,380			
Weighted base (000s)		45,618			

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.2 Frequency of reported problems related to oral conditions in the preceding 12 months

Edentate adults		England, Wales, Northern Ireland: 2009			
Type of problem ¹	Frequency of problem			Percentage experiencing either problem occasionally or more often	
	Occasionally	Fairly often	Very often		
Functional limitation					
had trouble pronouncing words	%	5	2	1	} 12
felt their sense of taste has worsened	%	4	3	0	
Physical pain					
had a painful aching in their mouth	%	9	2	1	} 33
found it uncomfortable to eat any foods	%	20	6	3	
Psychological discomfort					
have been self-conscious	%	7	3	3	} 15
felt tense	%	3	2	1	
Physical disability					
had an unsatisfactory diet	%	5	1	1	} 12
had to interrupt meals	%	6	1	1	
Psychological disability					
found it difficult to relax	%	2	1	1	} 10
have been a bit embarrassed	%	6	2	1	
Social disability					
have been irritable with other people	%	1	1	0	} 3
had difficulty doing usual jobs	%	1	0	0	
Handicap					
felt that life in general was less satisfying	%	4	1	1	} 6
have been totally unable to function	%	1	0	0	
At least one problem	%	40			
Mean number of problems		1.1			
Mean total OHIP score		17.4			
Unweighted Base²		810			
Weighted base (000s)		2,711			

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.3 Frequency of reported problems related to oral conditions in the preceding 12 months

Dentate adults		England, Wales, Northern Ireland: 2009			
Type of problem ¹		Frequency of problem			Percentage experiencing either problem occasionally or more often
		Occasionally	Fairly often	Very often	
Functional limitation					
had trouble pronouncing words	%	3	1	0	} 6
felt their sense of taste has worsened	%	2	1	0	
Physical pain					
had a painful aching in their mouth	%	16	4	2	} 30
found it uncomfortable to eat any foods	%	15	4	2	
Psychological discomfort					
have been self-conscious	%	9	5	4	} 20
felt tense	%	6	2	1	
Physical disability					
had an unsatisfactory diet	%	3	1	0	} 8
had to interrupt meals	%	4	1	1	
Psychological disability					
found it difficult to relax	%	6	1	1	} 14
have been a bit embarrassed	%	6	2	2	
Social disability					
have been irritable with other people	%	4	1	0	} 6
had difficulty doing usual jobs	%	2	0	0	
Handicap					
felt that life in general was less satisfying	%	3	1	1	} 4
have been totally unable to function	%	1	0	0	
At least one problem	%	39			
Mean number of problems		1.2			
Mean total OHIP score		17.4			
Unweighted Base ²		10,570			
Weighted base (000s)		42,906			

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table A7.2.3 The impact of oral conditions in the preceding 12 months by dental status and age, with age-standardised ratios

										<i>England, Wales, Northern Ireland: 2009</i>		
Percentage with at least one OHIP problem	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over	All	<i>Age standardisation</i>		
										Expected %	Ratio	Standard error
Dentate	32	39	41	40	43	36	34	42	39	39	100	0.4
Edentate	*	*	*	*	45	45	34	39	40	37	107	4.8
All	32	39	41	40	43	37	34	41	39			
<i>Unweighted Base</i>												
Dentate	1,040	1,500	2,040	2,010	1,850	1,300	700	130	10,560			
Edentate	-	-	10	30	120	240	310	110	810			
All	1,040	1,500	2,050	2,040	1,960	1,530	1,010	240	11,380			

* base too small to show percentage, but used in calculation of age-standardised ratios

Table 7.2.4 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by age

<i>Dentate adults</i>	<i>England, Wales, Northern Ireland: 2009</i>								
Type of problem ¹	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over	All
Functional limitation									
Occasionally or more often	5	5	6	7	9	7	7	10	6
Occasionally	3	3	4	4	6	4	4	6	4
Fairly often	1	1	1	1	2	2	2	4	1
Very often	0	0	1	1	1	1	1	1	1
Physical pain									
Occasionally or more often	26	30	30	31	34	28	25	34	30
Occasionally	19	21	22	22	24	21	18	22	21
Fairly often	4	5	6	6	7	5	4	8	6
Very often	2	3	3	3	3	2	2	4	3
Psychological discomfort									
Occasionally or more often	13	21	22	23	23	16	14	13	20
Occasionally	8	11	12	13	12	8	8	8	11
Fairly often	3	6	5	6	6	5	3	3	5
Very often	2	4	5	5	5	3	3	2	4
Physical disability									
Occasionally or more often	6	9	8	9	8	7	6	10	8
Occasionally	4	6	5	7	5	5	5	6	5
Fairly often	1	2	2	1	2	2	1	2	2
Very often	0	1	1	1	1	1	1	1	1
Psychological disability									
Occasionally or more often	11	17	16	16	15	9	10	7	14
Occasionally	8	11	10	10	10	6	7	3	9
Fairly often	2	4	4	3	3	2	2	3	3
Very often	2	3	2	3	2	1	1	1	2
Social disability									
Occasionally or more often	6	8	8	7	6	3	1	1	6
Occasionally	4	5	6	6	5	2	1	1	5
Fairly often	1	2	1	1	1	0	0	-	1
Very often	1	1	1	1	1	0	-	-	1
Handicap									
Occasionally or more often	3	6	6	6	7	4	4	4	5
Occasionally	2	4	5	4	4	3	2	1	4
Fairly often	1	1	1	1	2	0	1	1	1
Very often	1	1	0	1	1	1	1	2	1
At least one problem	32	39	41	40	43	36	34	42	39
Mean number of problems	0.9	1.3	1.3	1.3	1.4	1.0	0.8	1.0	1.2
Mean total OHIP score	16.8	17.8	17.6	17.8	17.9	16.8	16.4	17.0	17.4
Unweighted Base²	1,040	1,500	2,040	2,010	1,850	1,300	700	130	10,570
Weighted base (000s)	6,686	7,241	8,371	7,363	6,312	3,999	2,454	481	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.5 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by sex

<i>Dentate adults</i>	<i>England, Wales, Northern Ireland: 2009</i>		
Type of problem ¹	Men	Women	All
Functional limitation			
Occasionally or more often	6	6	6
Occasionally	4	4	4
Fairly often	1	2	1
Very often	1	1	1
Physical pain			
Occasionally or more often	28	31	30
Occasionally	21	22	21
Fairly often	5	6	6
Very often	2	3	3
Psychological discomfort			
Occasionally or more often	17	22	20
Occasionally	10	11	11
Fairly often	4	6	5
Very often	3	5	4
Physical disability			
Occasionally or more often	7	8	8
Occasionally	5	6	5
Fairly often	2	2	2
Very often	1	1	1
Psychological disability			
Occasionally or more often	12	16	14
Occasionally	8	10	9
Fairly often	3	3	3
Very often	1	3	2
Social disability			
Occasionally or more often	6	7	6
Occasionally	4	5	5
Fairly often	1	1	1
Very often	0	1	1
Handicap			
Occasionally or more often	5	5	5
Occasionally	4	4	4
Fairly often	1	1	1
Very often	1	1	1
At least one problem	36	41	39
Mean number of problems	1.1	1.3	1.2
Mean total OHIP score	17.2	17.7	17.4
<i>Unweighted Base</i> ²	4,750	5,820	10,570
<i>Weighted base (000s)</i>	21,089	21,817	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.6 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by country and English SHA

<i>Dentate adults</i>											<i>England, Wales, Northern Ireland</i>		
Type of problem ¹	English Strategic Health Authority										England	Wales	Northern Ireland
	North East	North West	Yorkshire & The Humber	East Midlands	West Midlands	East of England	London	South East Coast	South Central	South West			
Functional limitation													
Occasionally or more often	6	6	5	8	5	6	7	7	5	8	6	6	6
Occasionally	4	4	3	6	3	4	5	3	3	5	4	4	5
Fairly often	1	1	2	2	1	2	2	2	1	2	2	1	1
Very often	1	1	0	1	1	0	0	2	2	1	1	1	1
Physical pain													
Occasionally or more often	32	32	30	30	27	29	28	33	27	34	30	24	25
Occasionally	23	23	22	21	20	23	20	23	20	23	22	16	18
Fairly often	6	5	5	7	5	5	5	6	4	7	6	5	6
Very often	3	4	3	3	2	2	2	3	2	4	3	3	1
Psychological discomfort													
Occasionally or more often	21	21	21	22	15	21	20	22	17	19	20	17	17
Occasionally	12	11	11	11	8	13	11	12	10	9	11	8	10
Fairly often	5	5	5	7	3	4	6	5	3	7	5	4	5
Very often	4	6	5	4	4	4	3	5	4	3	4	5	2
Physical disability													
Occasionally or more often	6	8	6	9	6	8	9	8	7	8	8	7	6
Occasionally	5	5	4	6	4	6	7	7	5	6	6	3	4
Fairly often	1	2	1	2	1	2	2	1	2	2	2	3	1
Very often	1	1	1	1	1	1	0	1	1	0	1	1	1
Psychological disability													
Occasionally or more often	16	15	14	17	13	14	14	15	11	13	14	14	11
Occasionally	10	10	8	11	9	10	9	10	7	10	9	9	7
Fairly often	4	3	3	4	2	3	4	3	2	2	3	3	3
Very often	3	2	4	2	2	2	1	2	2	2	2	2	1
Social disability													
Occasionally or more often	5	8	7	8	7	6	5	7	4	7	6	5	4
Occasionally	3	5	5	5	5	5	4	6	3	6	5	4	4
Fairly often	1	2	1	2	1	1	1	1	0	1	1	1	0
Very often	0	1	1	1	0	0	0	0	1	0	1	1	0
Handicap													
Occasionally or more often	4	6	5	7	5	5	5	7	4	5	5	5	4
Occasionally	3	4	3	5	3	4	4	5	2	3	4	3	3
Fairly often	1	1	1	2	0	1	1	1	1	1	1	1	0
Very often	1	1	1	1	1	1	0	1	1	0	1	1	0
At least one problem	44	41	39	42	34	39	37	42	36	41	39	32	32
Mean number of problems	1.2	1.3	1.2	1.4	1.0	1.2	1.1	1.3	1.0	1.3	1.2	1.1	1.0
Mean total OHIP score	17.4	17.8	17.5	18.0	16.8	17.3	17.3	17.9	17.1	17.6	17.5	17.2	16.8
Unweighted Base²	900	900	930	1,050	790	990	730	850	940	950	9,020	890	660
Weighted base (000s)	1,932	5,209	3,929	3,389	3,982	4,455	5,941	3,325	3,209	4,042	39,412	2,196	1,299

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.7 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by socio-economic classification of household

Dentate adults		England, Wales, Northern Ireland: 2009		
Type of problem ¹	Socio-economic classification of household			All ²
	Managerial and professional occupations	Intermediate occupations	Routine and manual occupations	
Functional limitation				
Occasionally or more often	4	6	9	6
Occasionally	3	4	6	4
Fairly often	1	2	2	1
Very often	0	1	1	1
Physical pain				
Occasionally or more often	26	31	32	30
Occasionally	20	23	22	21
Fairly often	4	6	6	6
Very often	2	2	4	3
Psychological discomfort				
Occasionally or more often	17	21	22	20
Occasionally	10	12	11	11
Fairly often	4	5	6	5
Very often	3	4	5	4
Physical disability				
Occasionally or more often	5	8	10	8
Occasionally	4	5	7	5
Fairly often	1	2	2	2
Very often	0	1	1	1
Psychological disability				
Occasionally or more often	11	14	18	14
Occasionally	7	9	11	9
Fairly often	2	3	4	3
Very often	2	2	3	2
Social disability				
Occasionally or more often	5	7	8	6
Occasionally	4	5	6	5
Fairly often	1	1	1	1
Very often	0	1	1	1
Handicap				
Occasionally or more often	4	5	7	5
Occasionally	3	3	4	4
Fairly often	1	1	1	1
Very often	0	1	1	1
At least one problem	34	40	42	39
Mean number of problems	0.9	1.2	1.4	1.2
Mean total OHIP score	16.8	17.5	18.1	17.4
Unweighted Base³	3,910	1,910	3,360	10,570
Weighted base (000s)	16,048	7,557	13,758	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

³ The same base is used for all percentages

Table 7.2.8 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by dental status

<i>Dentate adults</i>	<i>England, Wales, Northern Ireland: 2009</i>		
Type of problem ¹	Natural teeth only	Natural teeth and dentures	All
Functional limitation			
Occasionally or more often	5	16	6
Occasionally	3	10	4
Fairly often	1	4	1
Very often	0	3	1
Physical pain			
Occasionally or more often	28	41	30
Occasionally	21	26	21
Fairly often	5	9	6
Very often	2	5	3
Psychological discomfort			
Occasionally or more often	18	32	20
Occasionally	10	15	11
Fairly often	4	8	5
Very often	3	8	4
Physical disability			
Occasionally or more often	6	15	8
Occasionally	5	10	5
Fairly often	1	4	2
Very often	1	2	1
Psychological disability			
Occasionally or more often	13	22	14
Occasionally	9	13	9
Fairly often	3	6	3
Very often	2	4	2
Social disability			
Occasionally or more often	6	8	6
Occasionally	4	6	5
Fairly often	1	1	1
Very often	0	1	1
Handicap			
Occasionally or more often	4	11	5
Occasionally	3	7	4
Fairly often	1	2	1
Very often	1	2	1
At least one problem	36	54	39
Mean number of problems	1.1	1.9	1.2
Mean total OHIP score	17.1	19.6	17.4
<i>Unweighted Base²</i>	8,790	1,770	10,570
<i>Weighted base (000s)</i>	36,859	6,041	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.9 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by usual reason for dental attendance

<i>Dentate adults</i>	<i>England, Wales, Northern Ireland: 2009</i>				
Type of problem ¹	Dental attendance				All
	Regular check up	Occasional check up	Only with trouble	Never been to dentist	
Functional limitation					
Occasionally or more often	5	4	10	8	6
Occasionally	4	2	6	6	4
Fairly often	1	1	2	2	1
Very often	1	0	1	-	1
Physical pain					
Occasionally or more often	27	26	37	28	30
Occasionally	20	20	24	15	21
Fairly often	5	5	8	10	6
Very often	2	1	5	3	3
Psychological discomfort					
Occasionally or more often	16	20	27	15	20
Occasionally	10	11	13	7	11
Fairly often	4	4	8	4	5
Very often	3	4	6	4	4
Physical disability					
Occasionally or more often	6	7	11	9	8
Occasionally	5	4	7	7	5
Fairly often	1	2	3	1	2
Very often	0	0	1	1	1
Psychological disability					
Occasionally or more often	11	14	21	12	14
Occasionally	8	10	13	4	9
Fairly often	2	2	5	5	3
Very often	1	1	4	3	2
Social disability					
Occasionally or more often	5	5	9	6	6
Occasionally	4	4	6	5	5
Fairly often	1	1	2	-	1
Very often	0	0	1	1	1
Handicap					
Occasionally or more often	4	5	9	4	5
Occasionally	3	3	6	2	4
Fairly often	1	0	2	0	1
Very often	0	1	1	2	1
At least one problem	35	36	48	34	39
Mean number of problems	1.0	1.0	1.7	1.1	1.2
Mean total OHIP score	16.8	17.1	18.9	16.8	17.4
Unweighted Base²	6,980	870	2,570	140	10,570
Weighted base (000s)	26,251	4,172	11,697	736	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.10 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by time since last dental visit

Dentate adults		England, Wales, Northern Ireland: 2009			
Type of problem ¹	Time since last dental visit ²				All
	Up to 1 year	Over 1 year, up to 5	Over 5 years, up to 10	Over 10 years	
Functional limitation					
Occasionally or more often	6	7	7	8	6
Occasionally	4	4	4	5	4
Fairly often	1	2	2	2	1
Very often	1	1	1	1	1
Physical pain					
Occasionally or more often	30	30	29	25	30
Occasionally	22	22	19	17	21
Fairly often	5	5	7	6	6
Very often	3	3	3	3	3
Psychological discomfort					
Occasionally or more often	19	20	24	27	20
Occasionally	11	10	11	12	11
Fairly often	5	5	7	7	5
Very often	4	5	5	7	4
Physical disability					
Occasionally or more often	8	7	8	10	8
Occasionally	6	5	5	6	5
Fairly often	2	1	3	2	2
Very often	1	1	1	1	1
Psychological disability					
Occasionally or more often	13	15	18	20	14
Occasionally	9	9	10	12	9
Fairly often	3	3	4	6	3
Very often	2	3	3	3	2
Social disability					
Occasionally or more often	6	5	6	8	6
Occasionally	5	4	5	5	5
Fairly often	1	1	2	2	1
Very often	1	1	-	1	1
Handicap					
Occasionally or more often	5	5	6	9	5
Occasionally	4	4	4	6	4
Fairly often	1	1	1	1	1
Very often	1	0	1	2	1
At least one problem	38	40	42	40	39
Mean number of problems	1.2	1.2	1.3	1.4	1.2
Mean total OHIP score	17.4	17.5	17.7	18.2	17.4
Unweighted Base ³	7,940	1,650	430	410	10,570
Weighted base (000s)	30,844	7,615	2,021	1,678	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² Excludes people who had never been to dentist

³ The same base is used for all percentages

Table 7.2.11 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by number of visits with trouble in last 5 years

Dentate adults		England, Wales, Northern Ireland: 2009				
Type of problem ¹	Number of visits with trouble ²					All
	None	One	Two	Three	Four or more	
Functional limitation						
Occasionally or more often	4	6	6	7	15	6
Occasionally	2	3	5	6	9	4
Fairly often	1	1	1	1	4	1
Very often	0	1	0	1	2	1
Physical pain						
Occasionally or more often	18	26	32	46	55	30
Occasionally	14	19	24	34	36	21
Fairly often	3	4	5	8	12	6
Very often	1	3	3	3	7	3
Psychological discomfort						
Occasionally or more often	12	18	19	28	38	20
Occasionally	7	10	11	17	18	11
Fairly often	3	4	3	6	11	5
Very often	2	3	4	5	9	4
Physical disability						
Occasionally or more often	3	6	8	10	19	8
Occasionally	2	4	6	8	13	5
Fairly often	1	1	1	1	5	2
Very often	0	1	1	1	2	1
Psychological disability						
Occasionally or more often	8	12	14	21	32	14
Occasionally	5	8	9	15	20	9
Fairly often	2	2	2	4	7	3
Very often	1	2	2	2	5	2
Social disability						
Occasionally or more often	3	4	6	11	17	6
Occasionally	2	3	4	9	13	5
Fairly often	0	1	1	1	3	1
Very often	0	0	1	1	2	1
Handicap						
Occasionally or more often	3	4	4	7	16	5
Occasionally	2	3	3	4	11	4
Fairly often	0	0	1	2	3	1
Very often	0	0	0	1	2	1
At least one problem	26	36	41	55	65	39
Mean number of problems	0.6	1.0	1.1	1.7	2.7	1.2
Mean total OHIP score	14.9	17.0	17.3	18.8	21.6	17.4
Unweighted Base ³	4,120	2,300	1,510	790	1,670	10,570
Weighted base (000s)	17,092	9,302	5,926	3,129	6,509	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² Excludes people who had never been to dentist

³ The same base is used for all percentages

Table 7.2.12 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by self-reported health

Dentate adults				England, Wales, Northern Ireland: 2009			
Type of problem ¹	Self- reported general health			Self- reported dental health			All
	Good/ very good	Fair	Bad/ very bad	Good/ very good	Fair	Bad/ very bad	
Functional limitation							
Occasionally or more often	5	12	22	3	10	26	6
Occasionally	3	7	12	2	7	13	4
Fairly often	1	3	6	1	2	9	1
Very often	0	2	4	0	1	4	1
Physical pain							
Occasionally or more often	26	43	52	21	43	69	30
Occasionally	20	30	26	17	32	31	21
Fairly often	4	9	17	3	8	22	6
Very often	2	5	8	1	3	16	3
Psychological discomfort							
Occasionally or more often	17	31	39	11	32	61	20
Occasionally	10	15	15	7	18	20	11
Fairly often	4	9	12	2	8	20	5
Very often	3	7	12	2	6	21	4
Physical disability							
Occasionally or more often	6	14	21	4	12	32	8
Occasionally	4	10	11	3	9	18	5
Fairly often	1	3	5	1	2	9	2
Very often	1	1	4	0	1	5	1
Psychological disability							
Occasionally or more often	12	23	32	7	22	55	14
Occasionally	8	14	18	5	16	27	9
Fairly often	2	5	8	1	4	16	3
Very often	1	4	7	1	3	12	2
Social disability							
Occasionally or more often	5	11	13	3	10	27	6
Occasionally	4	8	9	2	8	17	5
Fairly often	1	1	2	0	1	6	1
Very often	0	1	2	0	1	3	1
Handicap							
Occasionally or more often	4	10	16	2	8	27	5
Occasionally	3	7	9	2	6	16	4
Fairly often	1	2	5	0	1	6	1
Very often	0	2	3	0	1	5	1
At least one problem	35	53	61	28	57	82	39
Mean number of problems	1.0	2.0	2.7	0.7	1.8	4.2	1.2
Mean total OHIP score	16.9	19.5	21.7	15.9	19.2	26.3	17.4
Unweighted Base ²	8,600	1,510	460	7,530	2,250	780	10,570
Weighted base (000s)	35,436	5,764	1,701	30,301	9,269	3,299	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.13 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by clinical oral health

Dentate adults			England, Wales, Northern Ireland: 2009						
Type of problem ¹	Number of teeth		Number of sound and untreated teeth (not including roots)		Number of restored otherwise sound teeth		Number of decayed teeth		All
	21 or more	Fewer than 21	18 or more	Fewer than 18	Fewer than 12	12 or more	None	1 or more	
Functional limitation									
Occasionally or more often	5	18	5	9	7	5	6	10	7
Occasionally	3	10	3	6	5	3	4	6	4
Fairly often	1	5	1	2	2	1	1	3	2
Very often	0	3	0	1	1	1	1	1	1
Physical pain									
Occasionally or more often	30	41	28	36	32	32	29	38	32
Occasionally	22	26	20	25	22	25	22	24	23
Fairly often	5	9	5	7	6	5	5	8	6
Very often	3	6	3	4	4	2	2	6	3
Psychological discomfort									
Occasionally or more often	20	30	17	25	21	20	18	28	21
Occasionally	11	14	10	13	11	13	11	14	12
Fairly often	5	8	4	6	5	4	4	8	5
Very often	4	8	3	6	4	4	3	7	4
Physical disability									
Occasionally or more often	7	15	7	10	9	6	7	12	8
Occasionally	5	9	5	7	6	5	5	7	6
Fairly often	1	4	2	2	2	1	1	3	2
Very often	1	2	0	1	1	1	1	2	1
Psychological disability									
Occasionally or more often	15	22	13	18	16	13	12	24	15
Occasionally	9	13	8	11	10	9	8	15	10
Fairly often	3	5	3	4	4	2	3	5	3
Very often	2	4	2	3	3	1	2	4	2
Social disability									
Occasionally or more often	6	10	6	8	7	6	5	10	7
Occasionally	5	7	5	6	5	5	5	7	5
Fairly often	1	1	1	1	1	0	0	2	1
Very often	0	1	0	1	1	0	0	1	1
Handicap									
Occasionally or more often	5	11	5	7	6	5	5	9	6
Occasionally	3	7	3	5	4	3	3	6	4
Fairly often	1	2	1	1	1	1	1	1	1
Very often	1	3	1	1	1	0	1	1	1
At least one problem	39	52	36	46	41	42	38	49	41
Mean number of problems	1.2	1.9	1.1	1.5	1.3	1.1	1.1	1.8	1.3
Mean total OHIP score	17.4	19.7	17.2	18.3	17.9	17.2	17.1	19.2	17.7
Unweighted Base ²	5,410	1,060	2,860	3,600	4,840	1,630	4,630	1,840	6,470
Weighted base (000s)	36,929	5,977	22,398	20,508	33,701	9,206	30,445	12,461	42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.13 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems by clinical oral health – continued

Dentate adults		England, Wales, Northern Ireland: 2009						
Type of problem ¹	Periodontal condition						Excellent oral health ²	All
	No pocketing 4mm +	Any pocketing 4mm +	No pocketing 6mm +	Any pocketing 6mm +	No loss of attachment 4mm + ³	Any loss of attachment 4mm + ³	Has excellent oral health	Does not have excellent oral health
Functional limitation								
Occasionally or more often	5	9	6	13	7	9	2	8
Occasionally	3	5	4	6	5	5	1	5
Fairly often	1	3	1	4	1	2	0	2
Very often	1	1	1	2	1	2	0	1
Physical pain								
Occasionally or more often	28	35	31	42	32	33	28	32
Occasionally	21	25	22	28	24	24	22	23
Fairly often	5	6	5	9	5	6	4	6
Very often	3	4	3	5	3	3	2	3
Psychological discomfort								
Occasionally or more often	19	23	20	31	21	19	13	22
Occasionally	11	12	11	14	13	9	9	12
Fairly often	4	6	5	8	5	6	3	5
Very often	4	5	4	9	3	4	2	5
Physical disability								
Occasionally or more often	7	10	7	14	7	8	4	9
Occasionally	5	6	5	8	4	5	3	6
Fairly often	1	2	1	4	1	2	0	2
Very often	1	1	1	2	1	1	0	1
Psychological disability								
Occasionally or more often	13	18	15	25	12	14	8	16
Occasionally	9	11	10	12	8	9	7	10
Fairly often	3	4	3	8	2	3	1	4
Very often	2	3	2	5	1	2	1	3
Social disability								
Occasionally or more often	5	9	6	12	5	5	4	7
Occasionally	4	7	5	8	4	4	3	5
Fairly often	1	1	1	2	0	1	0	1
Very often	0	1	0	2	0	1	0	1
Handicap								
Occasionally or more often	5	7	5	12	7	5	2	6
Occasionally	3	5	3	9	4	3	1	4
Fairly often	1	1	1	2	1	1	0	1
Very often	1	1	1	1	1	1	0	1
At least one problem	37	45	40	52	41	41	34	42
Mean number of problems	1.1	1.5	1.2	2.0	1.2	1.2	0.8	1.3
Mean total OHIP score	17.2	18.3	17.5	19.8	17.3	17.5	16.4	17.7
Unweighted Base ⁴	3,370	3,030	5,820	580	800	1,590	1,770	4,700
Weighted base (000s)	23,192	19,295	38,885	3,602	4,422	8,719	4,120	38,786
								42,906

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² 21+ teeth, and 18+ sound and untreated teeth and roots, no active decay and periodontally healthy (pocketing or LoA less than 4mm) in all sextants, no calculus or bleeding.

³ Only recorded for adults 55 or more years old

⁴ The same base is used for all percentages

Table 7.2.14 The number of reported problems based on OHIP-14 experienced at least occasionally in the preceding 12 months

<i>Dentate adults</i>	<i>England: 1998-2009</i>	
Number of problems reported	1998	2009
None	49	61
At least 1	51	39
At least 2	33	24
At least 5	12	9
<i>Unweighted Base</i>	3,000	9,020
<i>Weighted base (000s)</i>		39,412

Table 7.2.15 The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems: 1998 to 2009

<i>Dentate adults</i>		<i>England: 1998-2009</i>	
Type of problem¹	1998	2009	
Functional limitation			
Occasionally or more often	10	6	
Occasionally	7	4	
Fairly often	2	2	
Very often	1	1	
Physical pain			
Occasionally or more often	40	30	
Occasionally	31	22	
Fairly often	6	6	
Very often	3	3	
Psychological discomfort			
Occasionally or more often	27	20	
Occasionally	18	11	
Fairly often	5	5	
Very often	4	4	
Physical disability			
Occasionally or more often	9	8	
Occasionally	7	6	
Fairly often	1	2	
Very often	1	1	
Psychological disability			
Occasionally or more often	19	14	
Occasionally	14	9	
Fairly often	2	3	
Very often	2	2	
Social disability			
Occasionally or more often	8	6	
Occasionally	7	5	
Fairly often	1	1	
Very often	1	1	
Handicap			
Occasionally or more often	7	5	
Occasionally	6	4	
Fairly often	1	1	
Very often	1	1	
At least one problem	51	39	
Mean number of problems	1.6	1.2	
Unweighted Base²	3,000	9,020	
Weighted base (000s)		39,412	

¹ The statements and their groupings are derived from the Oral Health Impact Profile (OHIP-14)

² The same base is used for all percentages

Table 7.2.16 Oral impacts on daily performance by dental status

<i>All adults</i>										<i>England, Wales, Northern Ireland: 2009</i>		
Dental status	Percentage with difficulty... ¹									At least one oral impact	Unweighted Base	Weighted Base (000s)
	Eating	Speaking	Cleaning teeth	Going out	Relaxing	Smiling	Working	Emotional instability	Enjoying contact			
All	21	7	13	4	10	15	4	6	6	33	11,380	45,555
Dentate	21	6	14	4	11	16	4	6	6	33	10,560	42,854
Edentate	24	12	3	4	4	10	2	3	4	29	810	2,701

¹ non-zero ODP score

Table A7.2.16 Oral impacts on daily performance by dental status and age, with age-standardised ratios

<i>Dentate adults</i>										<i>England, Wales, Northern Ireland: 2009</i>			
Percentage with difficulty on at least one oral impact	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over	All	Age standardisation			Standard error
										Expected %	Ratio		
Dentate	29	35	33	34	36	30	26	34	33	33	101	0.4	
Edentate	*	*	*	*	36	26	27	27	29	29	99	5.8	
All	29	36	34	34	36	29	26	31	33				
<i>Unweighted Base</i>													
Dentate	1,040	1,500	2,040	2,010	1,850	1,290	700	130	10,550				
Edentate	-	-	10	30	110	240	310	110	810				
All	1,040	1,500	2,050	2,030	1,960	1,530	1,010	240	11,360				

* base too small to show percentage, but used in calculation of age-standardised ratios

Table 7.2.17 Oral impacts on daily performance by characteristics of dentate adults

<i>Dentate adults</i>										<i>England, Wales, Northern Ireland: 2009</i>		
Characteristics of dentate adults	Percentage with difficulty... ¹									At least one oral impact	Unweighted Base	Weighted Base (000s)
	Eating	Speaking	Cleaning teeth	Going out	Relaxing	Smiling	Working	Emotional instability	Enjoying contact			
All	21	6	14	4	11	16	4	6	6	33	10,570	42,854
Age												
16-24	17	6	13	4	10	14	4	5	5	29	1,040	6,687
25-34	22	6	17	5	15	17	5	7	6	35	1,500	7,230
35-44	19	5	15	4	12	16	5	7	6	33	2,040	8,368
45-54	23	7	16	5	11	17	5	6	7	34	2,010	7,356
55-64	24	8	14	4	10	18	4	5	6	36	1,850	6,306
65-74	20	7	8	4	6	12	2	3	4	30	1,300	3,987
75-84	17	5	6	2	5	12	1	3	3	26	700	2,439
85 and over	29	8	6	2	7	9	3	3	4	34	130	481
Sex												
Men	20	7	13	4	11	14	4	5	5	31	4,750	21,075
Women	21	6	14	4	11	17	4	6	6	34	5,820	21,779
Country												
England	21	7	14	4	11	16	4	6	6	33	9,020	39,364
Wales	18	6	10	5	9	13	4	4	5	27	890	2,191
Northern Ireland	16	6	11	4	8	14	4	4	4	28	660	1,299
English Strategic Health Authority												
North East	21	4	15	3	10	17	3	6	7	35	900	1,932
North West	21	7	14	4	12	17	5	6	6	32	900	5,203
Yorkshire & The Humber	19	6	13	4	11	16	4	7	6	33	930	3,924
East Midlands	23	7	16	7	12	17	5	7	8	36	1,050	3,391
West Midlands	16	6	9	3	8	12	3	4	4	25	790	3,976
East Of England	20	6	16	4	12	16	4	6	7	34	990	4,442
London	22	8	17	5	13	18	5	8	7	36	730	5,934
South East Coast	24	7	15	4	11	18	4	5	4	39	850	3,314
South Central	22	6	13	3	7	12	3	3	3	31	940	3,209
South West	23	5	12	4	9	15	4	6	5	34	950	4,038
Socio-economic classification of household ²												
Managerial and professional occupations	18	5	13	3	10	13	4	4	4	31	3,910	16,045
Intermediate occupations	21	6	14	4	11	15	4	6	5	32	1,910	7,557
Routine and manual occupations	23	8	14	5	11	18	5	7	7	35	3,360	13,736
Denture use												
Natural teeth and denture	31	15	12	8	10	25	6	8	9	44	1,770	6,021
Only natural teeth	19	5	14	4	11	14	4	5	5	31	8,790	36,826

¹ Non-zero OIDP score

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 7.2.18 Oral impacts on daily performance by reported dental and health behaviour

<i>Dentate adults</i>											<i>England, Wales, Northern Ireland: 2009</i>		
Reported dental behaviour	Percentage with difficulty... ¹										At least one oral impact	Unweighted Base	Weighted Base (000s)
	Eating	Speaking	Cleaning teeth	Going out	Relaxing	Smiling	Working	Emotional instability	Enjoying contact				
All	21	6	14	4	11	16	4	6	6		33	10,560	42,854
Dental attendance													
Regular check up	18	6	12	3	9	12	3	5	4		29	6,980	26,233
Occasional check up	20	5	18	4	11	17	4	5	5		34	870	4,167
Only with trouble	27	9	16	6	15	22	6	9	9		41	2,570	11,672
Never been to dentist	18	4	11	3	5	14	2	5	6		26	140	732
Time since last dental visit ²													
Less than 1 year	21	7	14	4	11	14	4	6	5		33	7,940	30,811
Between 1 and 5 years	20	6	14	4	10	18	4	7	6		34	1,650	7,610
Over 5 up to 10 years	22	6	14	4	9	18	4	5	7		35	430	2,021
Over 10 years	19	6	12	4	8	23	2	6	8		34	410	1,668
Number of visits with trouble in last 5 years ²													
None	11	3	8	2	4	10	1	2	3		21	4,120	17,071
One	19	5	13	3	9	13	3	4	4		31	2,300	9,290
Two	24	7	16	4	12	16	4	6	5		37	1,510	5,925
Three	32	10	20	6	19	23	6	8	9		49	790	3,125
Four or more	42	16	27	11	24	29	12	15	13		56	1,670	6,503
Self- reported general health													
Good/very good	18	5	13	3	9	14	4	4	5		30	8,600	35,418
Fair	30	11	17	7	15	24	6	11	10		43	1,510	5,738
Bad/very bad	40	20	24	10	20	30	10	17	14		53	460	1,694
Self- reported dental health													
Good/very good	13	4	9	2	7	9	2	3	3		23	7,530	30,286
Fair	32	9	21	6	16	26	6	9	9		51	2,250	9,262
Bad/very bad	58	24	37	18	31	50	16	24	25		75	780	3,281

¹ Non-zero OIDP score

² Excludes people who had never been to dentist

Table 7.2.19 Oral impacts on daily performance by clinical oral health

<i>Dentate adults</i>										
Clinical oral health	Percentage with difficulty... ¹									
	Eating	Speaking	Cleaning teeth	Going out	Relaxing	Smiling	Working	Emotional instability	Enjoying contact	
All	23	7	16	4	12	16	5	6	6	
Number of teeth										
21 or more	21	6	16	4	12	15	4	6	6	
Fewer than 21	34	15	13	7	11	25	7	9	10	
Number of sound, untreated teeth (not including roots)										
18 or more	20	6	15	4	12	14	4	6	5	
Fewer than 18	27	9	16	5	12	19	5	7	7	
Number of restored otherwise sound teeth										
Fewer than 12	23	8	15	5	12	17	5	7	6	
12 or more	22	6	16	3	10	15	4	5	5	
Number of decayed teeth										
None	21	6	14	4	10	14	4	5	5	
One or more	28	10	19	7	15	22	7	9	10	
Periodontal condition										
No periodontal pocketing of 4mm or more	21	6	15	4	11	15	4	6	5	
Any periodontal pocketing of 4mm or more	25	9	16	5	13	18	5	7	7	
No periodontal pocketing of 6mm or more	22	7	15	4	11	16	4	6	6	
Any periodontal pocketing of 6mm or more	31	13	21	7	16	24	8	12	12	
No periodontal loss of attachment 4mm or more	24	8	12	3	8	14	3	4	4	
Any periodontal loss of attachment 4mm or more ¹	23	7	11	3	9	15	3	5	6	
Excellent oral health ²										
Has excellent oral health	19	6	16	4	10	13	4	5	4	
Does not have excellent oral health	23	8	16	4	12	17	5	6	6	

¹ Only recorded for adults 55 or more years old

² 21+ teeth, and 18+ sound and untreated teeth and roots, no active decay and periodontally healthy (pocketing or LoA less than 4mm) in all sextants, no calculus or

Table 7.2.20 Severity, mean number of oral impacts and mean total OIDP score by dental status: all adults and those with oral impacts

<i>All adults</i>								<i>England, Wales, Northern Ireland: 2009</i>			
Dental status	Highest score on any OIDP performance							Mean number of oral impacts	Mean total OIDP score	<i>Unweighted Base</i>	<i>Weighted Base (000s)</i>
	0	1	2	3	4	5					
<i>All adults</i>											
All	%	67	9	8	7	4	4	0.9	4.5	11,380	45,603
Dentate	%	67	10	8	7	4	4	0.9	4.6	10,560	42,896
Edentate	%	71	8	7	5	5	3	0.6	3.5	810	2,707
<i>All adults with oral impacts¹</i>											
All	%	NA	29	25	20	13	13	2.6	13.9	3,700	14,846
Dentate	%	NA	29	25	20	13	13	2.6	14.0	3,460	14,074
Edentate	%	NA	29	24	19	15	12	2.3	12.3	240	772

¹Non-zero OIDP score

Table 7.2.21 Severity, mean number of oral impacts and mean total OIDP score by characteristics of dentate adults

Dentate adults		England, Wales, Northern Ireland: 2009									
Characteristics of dentate adults		Highest score on any OIDP performance						Mean number of oral impacts	Mean total OIDP score	Unweighted Base	Weighted Base (000s)
		0	1	2	3	4	5				
All	%	67	10	8	7	4	4	0.9	4.6	10,560	42,854
Age											
16-24	%	71	8	9	5	4	3	0.8	4.2	1,040	6,687
25-34	%	64	11	8	8	4	5	1.0	5.3	1,500	7,230
35-44	%	67	10	9	6	4	4	0.9	4.6	2,040	8,368
45-54	%	66	10	7	7	5	5	1.0	5.2	2,010	7,356
55-64	%	64	10	8	8	5	5	0.9	5.0	1,850	6,306
65-74	%	70	9	7	5	4	4	0.7	3.5	1,300	3,987
75-84	%	74	6	7	8	2	3	0.5	2.9	700	2,439
85 and over	%	66	8	11	5	4	6	0.7	4.5	130	481
Sex											
Men	%	69	10	8	6	4	4	0.8	4.3	4,740	21,075
Women	%	66	9	9	7	5	5	0.9	4.9	5,820	21,779
Country											
England	%	67	10	8	7	4	4	0.9	4.6	9,010	39,364
Wales	%	73	8	7	5	4	4	0.7	3.9	890	2,191
Northern Ireland	%	72	6	7	8	4	4	0.7	3.9	660	1,299
English Strategic Health Authority											
North East	%	65	9	10	9	2	4	0.9	4.4	900	1,932
North West	%	68	9	8	6	6	4	0.9	4.9	900	5,203
Yorkshire & The Humber	%	67	11	7	7	4	5	0.9	4.7	930	3,924
East Midlands	%	64	10	10	7	5	5	1.0	5.7	1,050	3,391
West Midlands	%	75	5	7	5	3	5	0.7	3.7	790	3,976
East Of England	%	66	9	9	7	5	5	0.9	4.9	990	4,442
London	%	64	12	8	7	4	4	1.0	5.1	730	5,934
South East Coast	%	61	11	10	8	5	5	0.9	4.8	850	3,314
South Central	%	69	11	8	6	3	4	0.7	3.7	940	3,209
South West	%	66	10	8	8	4	4	0.8	4.3	950	4,038
Socio-economic classification of household ¹											
Managerial and professional occupations	%	69	11	9	6	3	3	0.8	3.7	3,910	16,045
Intermediate occupations	%	68	10	8	6	4	4	0.9	4.4	1,910	7,557
Routine and manual occupations	%	65	8	8	8	5	6	1.0	5.5	3,360	13,736
Denture use											
Natural teeth and denture	%	56	9	11	10	6	8	1.2	7.0	1,770	6,021
Only natural teeth	%	69	10	8	6	4	4	0.8	4.2	8,790	36,826

¹ Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Table 7.2.22 Severity, mean number of oral impacts and mean total OIDP score by characteristics of dentate adults with oral impacts

<i>All dentate adults with oral impacts</i> ¹							<i>England, Wales, Northern Ireland: 2009</i>			
Characteristics of dentate adults		Highest score on any OIDP performance					Mean number of oral impacts	Mean total OIDP score	Unweighted Base	Weighted Base (000s)
		1	2	3	4	5				
All	%	29	25	20	13	13	2.6	14.0	3,460	14,074
Age										
16-24	%	26	30	18	15	10	2.7	14.3	310	1,942
25-34	%	31	23	21	10	14	2.8	14.9	550	2,566
35-44	%	31	27	17	11	13	2.7	13.7	670	2,783
45-54	%	30	20	22	14	14	2.8	15.1	690	2,529
55-64	%	28	23	21	14	13	2.6	13.7	650	2,285
65-74	%	31	25	18	13	12	2.2	11.8	370	1,177
75-84	%	24	26	32	7	12	2.1	11.3	180	627
85 and over	%	24	32	16	12	16	2.0	13.2	40	165
Sex										
Men	%	31	25	20	12	12	2.7	13.7	1,470	6,570
Women	%	27	25	21	13	14	2.6	14.2	1,990	7,503
Country										
England	%	29	25	20	13	13	2.6	13.9	3,030	13,112
Wales	%	30	25	18	13	14	2.7	14.5	230	596
Northern Ireland	%	22	24	27	13	14	2.5	14.0	200	365
English Strategic Health Authority										
North East	%	26	28	27	6	12	2.5	12.6	310	674
North West	%	27	25	18	18	12	2.9	15.1	290	1,675
Yorkshire & The Humber	%	33	20	20	11	16	2.6	14.2	310	1,281
East Midlands	%	27	27	18	14	14	2.9	15.7	370	1,221
West Midlands	%	20	30	20	11	19	2.6	14.9	200	990
East Of England	%	28	26	19	14	13	2.7	14.3	340	1,514
London	%	34	23	19	11	12	2.8	14.4	270	2,115
South East Coast	%	29	25	20	13	11	2.4	12.4	330	1,280
South Central	%	35	25	18	10	11	2.3	12.0	300	994
South West	%	31	23	24	11	11	2.4	12.6	320	1,367
Socio-economic classification of household ²										
Managerial and professional occupations	%	34	28	19	10	10	2.4	11.9	1,220	4,938
Intermediate occupations	%	31	24	20	14	12	2.7	13.7	600	2,442
Routine and manual occupations	%	23	22	23	15	17	2.8	15.9	1,170	4,787
Denture use										
Natural teeth and denture	%	21	24	22	14	18	2.8	15.9	750	2,641
Only natural teeth	%	31	25	20	12	12	2.6	13.5	2,710	11,426

¹ Non-zero OIDP score

² Excludes people in households where the household reference person was not interviewed. Respondents whose head of household/household reference person was a full time student, in the Armed Forces, had an inadequately described occupation, had never worked or were long-term unemployed are not shown as separate categories but are included in the total.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 7.2.23 Severity, mean number of oral impacts and mean total OIDP score by reported dental and health behaviour of dentate adults

<i>Dentate adults</i>								<i>England, Wales, Northern Ireland: 2009</i>			
Reported dental behaviour		Highest score on any OIDP performance						Mean number of oral impacts	Mean total OIDP score	Unweighted Base	Weighted Base (000s)
		0	1	2	3	4	5				
All	%	67	10	8	7	4	4	0.9	4.6	10,560	42,854
Dental attendance											
Regular check up	%	71	9	8	6	3	3	0.7	3.7	6,980	26,249
Occasional check up	%	66	12	11	5	3	4	0.9	4.3	870	4,167
Only with trouble	%	59	10	9	9	7	7	1.2	6.7	2,570	11,694
Never been to dentist	%	74	5	5	7	2	7	0.7	4.0	140	736
Time since last dental visit ¹											
Less than 1 year	%	67	10	8	7	4	4	0.9	4.5	7,940	30,838
Between 1 and 5 years	%	66	10	9	7	5	4	0.9	4.6	1,650	7,615
Over 5 up to 10 years	%	65	10	7	9	4	5	0.9	4.9	430	2,021
Over 10 years	%	66	5	8	7	7	8	0.9	5.4	410	1,674
Number of visits with trouble in last 5 years ¹											
None	%	79	7	6	4	2	2	0.4	2.3	4,120	17,088
One	%	69	10	7	6	4	3	0.7	3.8	2,300	9,296
Two	%	63	12	8	8	5	5	0.9	4.8	1,510	5,928
Three	%	51	16	12	9	5	7	1.3	6.8	790	3,129
Four or more	%	44	12	14	11	9	10	1.9	10.6	1,670	6,509
Self- reported general health											
Good/very good	%	70	10	8	6	3	3	0.8	3.8	8,600	35,437
Fair	%	57	9	10	9	7	8	1.3	7.4	1,510	5,755
Bad/very bad	%	47	8	8	14	10	13	1.8	11.6	460	1,699
Self- reported dental health											
Good/very good	%	77	8	6	4	2	2	0.5	2.5	7,530	30,288
Fair	%	49	15	13	10	6	6	1.3	6.8	2,250	9,274
Bad/very bad	%	25	7	13	18	16	21	2.8	17.7	780	3,297

¹ Excludes people who had never been to dentist

Table 7.2.24 Severity, mean number of oral impacts and mean total OIDP score by reported dental and health behaviour of adults with oral impacts

<i>All dentate adults with oral impacts¹</i>							<i>England, Wales, Northern Ireland: 2009</i>			
Reported dental behaviour		Highest score on any OIDP performance					Mean number of oral impacts	Mean total OIDP score	Unweighted Base	Weighted Base (000s)
		1	2	3	4	5				
All	%	29	25	20	13	13	2.6	14.0	3,460	14,074
Dental attendance										
Regular check up	%	32	26	20	11	11	2.5	12.7	2,020	7,617
Occasional check up	%	34	31	16	9	10	2.6	12.4	300	1,432
Only with trouble	%	23	22	22	16	17	2.9	16.4	1,100	4,804
Never been to dentist	%	20	20	28	8	25	2.6	15.6	40	188
Time since last dental visit²										
Less than 1 year	%	30	25	20	12	12	2.7	13.9	2,540	10,039
Between 1 and 5 years	%	29	25	20	14	12	2.6	13.8	580	2,558
Over 5 up to 10 years	%	29	21	25	10	14	2.5	13.9	160	714
Over 10 years	%	14	24	19	21	22	2.6	15.7	140	575
Number of visits with trouble in last 5 years²										
None	%	33	28	19	11	9	2.1	10.8	860	3,572
One	%	31	24	21	13	11	2.4	12.5	710	2,849
Two	%	32	21	22	12	13	2.5	13.0	550	2,206
Three	%	32	25	19	10	14	2.8	14.0	370	1,529
Four or more	%	21	26	20	16	17	3.4	18.8	920	3,657
Self-reported general health										
Good/very good	%	32	26	20	11	11	2.5	12.5	2,600	10,729
Fair	%	22	23	21	16	18	3.1	17.3	630	2,452
Bad/very bad	%	15	16	27	18	24	3.5	22.1	230	893
Self-reported dental health										
Good/very good	%	36	27	19	10	9	2.2	10.9	1,740	6,921
Fair	%	29	26	21	12	12	2.7	13.4	1,150	4,682
Bad/very bad	%	9	17	24	22	28	3.8	23.6	580	2,464

¹ Non-zero OIDP score

² Excludes people who had never been to dentist

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.
Any use of these shaded figures must be accompanied by this disclaimer.

Table 7.2.25 Severity, mean number of oral impacts and mean total OIDP score by clinical oral health of dentate adults

Dentate adults		England, Wales, Northern Ireland								
Clinical oral health		Highest score on any OIDP performance						Mean number of oral impacts	Mean total OIDP score	Unweighted Base
		0	1	2	3	4	5			
All	%	64	11	9	7	5	5	1.0	5.0	6,470
Number of teeth										
21 or more	%	66	11	9	7	4	4	0.9	4.6	5,410
Fewer than 21	%	55	9	10	11	7	8	1.3	7.5	1,060
Number of sound, untreated teeth (not including roots)										
18 or more	%	68	10	8	6	4	4	0.9	4.5	2,870
Fewer than 18	%	60	11	9	9	5	5	1.1	5.6	3,600
Number of restored otherwise sound teeth										
Fewer than 12	%	64	10	8	7	5	5	1.0	5.3	4,840
12 or more	%	64	12	10	7	4	3	0.9	4.1	1,630
Number of decayed teeth										
None	%	67	11	9	6	4	3	0.8	4.2	4,630
One or more	%	58	10	9	10	6	8	1.3	7.2	1,840
Periodontal condition										
No periodontal pocketing of 4mm or more	%	67	10	9	6	4	4	0.9	4.5	3,370
Any periodontal pocketing of 4mm or more	%	62	11	8	9	5	5	1.0	5.6	3,030
No periodontal pocketing of 6mm or more	%	65	11	9	7	4	4	0.9	4.7	5,820
Any periodontal pocketing of 6mm or more	%	54	10	9	13	7	9	1.4	8.0	580
No periodontal loss of attachment 4mm or more	%	64	11	10	6	4	4	0.8	4.1	800
Any periodontal loss of attachment 4mm or more ¹	%	66	9	8	8	5	4	0.8	4.4	1,590
Excellent oral health ²										
Has excellent oral health	%	68	12	10	4	3	3	0.8	4.2	1,770
Does not have excellent oral health	%	64	10	9	8	5	5	1.0	5.1	4,700

¹ Only recorded for adults 55 or more years old

² 21+ teeth, and 18+ sound and untreated teeth and roots, no active decay and periodontally healthy (pocketing or LoA less than 4mm) in all sextants, no calculus or bleeding.

Table 7.2.26 Severity, mean number of oral impacts and mean total OIDP score by clinical oral health of adults with oral impacts

<i>All dentate adults with oral impacts¹</i>							<i>England, Wales, Northern Ireland: 2009</i>			
Clinical oral health		Highest score on any OIDP performance					Mean number of oral impacts	Mean total OIDP score	Unweighted Base	Weighted Base (000s)
		1	2	3	4	5				
All	%	30	24	21	13	13	2.7	14.1	2,340	15,375
Number of teeth										
21 or more	%	31	25	20	12	12	2.6	13.5	1,860	12,675
Fewer than 21	%	20	22	25	16	18	2.9	16.6	480	2,699
Number of sound, untreated teeth (not including roots)										
18 or more	%	31	26	19	12	12	2.7	14.0	920	7,250
Fewer than 18	%	28	23	22	13	14	2.7	14.1	1,420	8,125
Number of restored otherwise sound teeth										
Fewer than 12	%	29	23	21	13	14	2.7	14.7	1,750	12,106
12 or more	%	33	28	20	10	9	2.4	11.7	580	3,268
Number of decayed teeth										
None	%	33	27	19	12	10	2.5	12.6	1,270	10,093
One or more	%	24	20	24	14	18	3.0	16.9	1,060	5,281
Periodontal condition										
No periodontal pocketing of 4mm or more	%	31	27	18	12	12	2.6	13.4	1,120	7,740
Any periodontal pocketing of 4mm or more	%	28	22	23	13	14	2.8	14.7	1,170	7,347
No periodontal pocketing of 6mm or more	%	31	25	20	12	12	2.6	13.6	2,020	13,426
Any periodontal pocketing of 6mm or more	%	21	19	27	14	19	3.1	17.2	270	1,661
No periodontal loss of attachment 4mm or more	%	31	29	18	12	11	2.2	11.3	270	1,586
Any periodontal loss of attachment 4mm or more ²	%	27	23	24	13	12	2.4	12.9	550	2,977
Excellent oral health³										
Has excellent oral health	%	37	31	14	10	9	2.5	13.0	550	1,324
Does not have excellent oral health	%	29	24	21	13	13	2.7	14.2	1,780	14,051

¹ Non-zero OIDP score

² Only recorded for adults 55 or more years old

³ 21+ teeth, and 18+ sound and untreated teeth and roots, no active decay and periodontally healthy (pocketing or LoA less than 4mm) in all sextants, no calculus or bleeding.

Table 7.2.27 Oral impacts on daily performance by different reported oral conditions

*All adults with oral impacts*¹

England, Wales, Northern Ireland: 2009

	Eating	Speaking	Cleaning teeth	Going out	Relaxing	Smiling	Working	Emotional instability	Enjoying contact
Percentage with oral condition that caused difficulty...									
Toothache	61	29	51	41	63	14	50	49	35
Gum problems	29	24	41	28	24	16	26	25	27
Bad position of teeth	12	15	16	13	7	27	12	16	20
Broken tooth/teeth	20	13	14	16	14	15	16	16	16
Missing tooth/teeth	18	17	9	20	7	25	14	17	23
Appearance of teeth	4	3	3	14	4	33	10	15	21
Ill-fitting denture	11	20	3	13	5	8	9	10	10
Unweighted Base ²	2,190	650	1,410	430	1,050	1,620	410	570	570
Weighted base (000s) ²	8,890	2,726	5,932	1,764	4,496	6,661	1,746	2,443	2,393

¹Non-zero OIDP score

² The same base is used for all percentages

**Published by The NHS Information Centre for health and social care
Part of the Government Statistical Service**

ISBN 978-1-84636-531-7

This publication may be requested in large print or other formats.

Responsible Statistician

Phil Cooke – Section Head, Dental and Eye Care

For further information:

www.ic.nhs.uk

0845 300 6016

enquiries@ic.nhs.uk

Copyright © 2011 The Health and Social Care Information Centre, Dental & Eye Care Team
All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.

This work is subject to the Re-Use of Public Sector Information Regulations and permission for commercial use must be obtained from the copyright holder.