



# 3: Urgent Conditions – a report from the Adult Dental Health Survey 2009

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# Contents

Introduction	5
Key findings	6
3.1 Dental pain	7
Introduction	7
3.1.1 Prevalence of current dental pain reported at the survey examination	7
3.1.2 Prevalence of pain or discomfort in the past 12 months	9
3.1.3 The relationship between current and long term dental pain	10
3.2 Open dental pulps and oral sepsis	11
Introduction	11
3.2.1 Prevalence of open dental pulps and oral sepsis	11
3.3 Teeth with extensive dentinal decay	14
Introduction	14
3.3.1 Prevalence of untreated teeth with extensive dentinal decay	14
3.4 The pattern of urgent conditions	16
Conclusion	19
Notes and References	20
Tables	21

# Introduction

Several other reports in this series describe oral health in terms of the presence or absence of decay and/or disease, as well as the complexity of maintaining dentition after disease has been treated. This report extends the discussion further and considers those conditions, identified in both the ADHS interview and clinical examination, that may be considered urgent. Urgent conditions as described in this report are:

- current dental problems or pain reported at the survey examination;
- dental pain experienced fairly or very often in the previous 12 months reported at interview;
- open dental pulps and oral sepsis; and
- untreated teeth with extensive decay.

These conditions are an important and sometimes dominant factor in dental behaviour, and the prevalence and distribution of these conditions needs to be measured alongside estimates of the current state of adult dental health. It is important to understand the extent to which these conditions prevail in the adult population in order to plan the types of services required to best respond to them.

A composite picture of the pattern of urgent conditions is also presented and the way that these conditions cluster in individuals is explored.

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

- Nine per cent of dentate adults reported current pain related to their teeth in the clinical examination. Older adults were less likely than younger adults to report current pain in their teeth, and adults from professional and managerial households were less likely than adults from routine and manual occupation households to report current pain.
- Eight per cent of dentate adults reported that they had experienced pain in their mouths fairly or very often in the previous 12 months. Women were slightly more likely than men to report that they had experienced pain fairly or very often in the previous 12 months.
- Seven per cent of dentate adults had one or more PUFA lesions (PUFA is the presence of open pulp, ulceration, fistula, and abscesses in the mouth), most commonly an open pulp (4 per cent). Ulceration related to decayed teeth was observed in 1 per cent of dentate adults and fistula or abscess in permanent dentition was present in 2 per cent.
- A positive PUFA score, that is having any symptoms, was more commonly recorded in men (8 per cent) than women (6 per cent), was associated with socio-economic classification, was much more common among those who reported that they only saw a dentist when they had trouble (13 per cent) and was also related to the length of time since respondents had last seen a dentist.
- There was a marked difference in the prevalence of PUFA according to the frequency of tooth brushing, high levels of dental anxiety, poor general and dental health. PUFA was related to both current and long-term pain.
- Eight per cent of dentate adults had one or more untreated teeth with unrestorable decay, and those who did, had an average of 2.2 teeth in this condition.
- Untreated and unrestorable decay was present in 23 per cent of those who reported current dental pain and 20 per cent of those who reported frequent pain or discomfort in the past 12 months.
- Adults had an increased likelihood of both pain and serious decay or sepsis if they did not attend a dentist for regular check-ups, never brushed their teeth or brushed less than once a day, or were smokers.

## 3.1 Dental pain

### Introduction

A direct and early link between dental disease and the onset of dental pain and other symptoms is not necessarily experienced by all individuals. However, when people do experience dental pain it can be extremely debilitating and it is one of the primary reasons many people seek dental care. The current survey assessed pain and pain-related problems in dentate adults in two ways:

- current dental pain was recorded during the dental examination by two simple questions and a composite measure, based on responses to the two questions, is presented here. The first question asked dentate adults if they had pain or problems in their mouths at the moment and the second, asked only to those who had indicated that they had some pain, whether they thought this pain was related to their teeth (see *Adult Dental Health Survey 2009: Foundation Report, Appendix 2a*)
- long-term pain was assessed as part of the Oral Health Impact Profile (OHIP) scale included on the questionnaire<sup>1</sup>. An indicator has been derived from the two OHIP questions relating to the frequency of 'a painful aching in the mouth' or 'discomfort when eating' experienced in the last 12 months. Adults who reported experiencing either problem 'fairly often' or 'very often' in the last year were classed as having a measure of dental pain experienced over time.

### 3.1.1 Prevalence of current dental pain reported at the survey examination

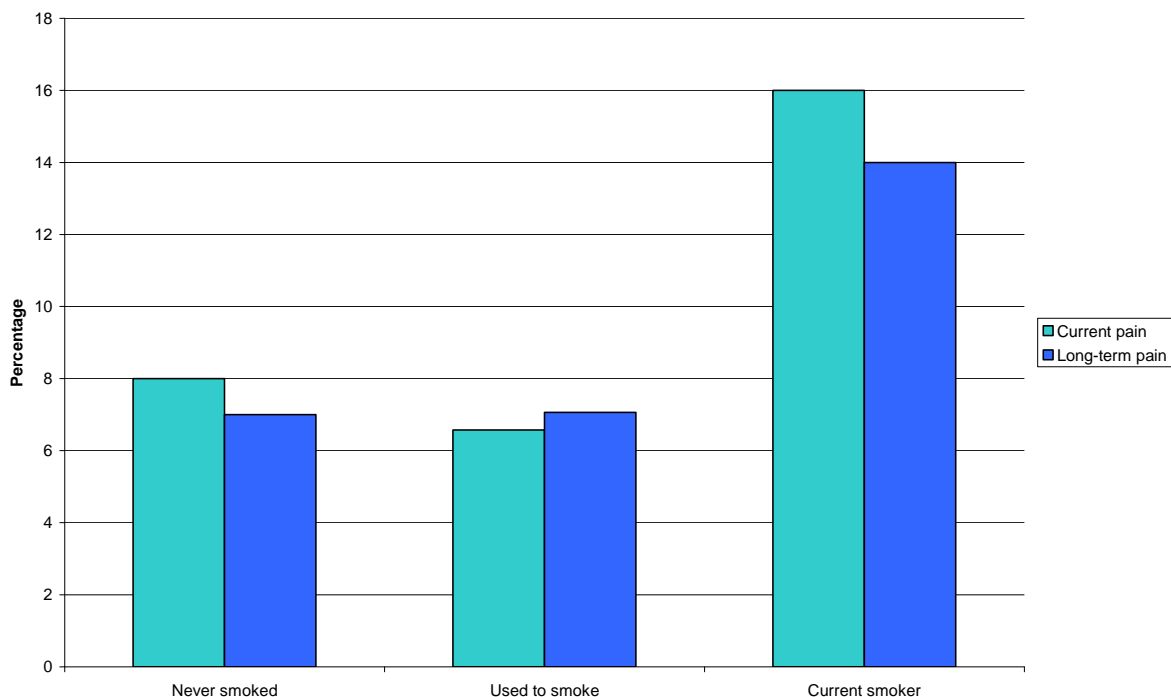
Overall, 9 per cent of dentate adults indicated that they were currently experiencing pain or problems in relation to their teeth. The experience of pain varied between age groups with smaller proportions of older adults reporting pain than adults in younger age groups; for example 4 per cent of dentate adults aged 75 to 84 experienced pain compared with 10 per cent of those aged 25 to 54 years old. There were also differences between adults from different socio-economic household classifications in their self-reported experience of pain; 11 per cent of dentate adults from routine and manual occupation households reported having current pain compared with 7 per cent of adults from managerial and professional occupation households.

*Table 3.1.1*

Dentate adults' reported experience of current pain also varied by dental behaviour, including usual reason for dental attendance and time since last dental visit. For example, a smaller proportion of dentate adults who attended their dentist for regular check-ups reported current pain (6 per cent) than those who only saw a dentist when they had trouble with their teeth (15 per cent). Also, those dentate adults who had seen a dentist within the past year were less likely to be experiencing pain than those whose last visit was more than a year ago (8 per cent and 13 per cent respectively). In addition, dentate adults who smoked were twice as likely (16 per cent) to report pain as were people who used to smoke (7 per cent) or those who had never smoked (8 per cent).

*Figure 3.1.1 and Figure 3.1.2 and Table 3.1.2*

**Figure 3.1.1 Current and long-term pain by smoking status**



There was also a relationship between current pain and self-reported indicators of general and dental health. In the case of self-reported general health this was not straightforward; although those who described their health as good or very good were the least likely to be experiencing pain (8 per cent), the highest incidence of reported pain was among those who said their general health was fair (14 per cent) rather than bad or very bad (10 per cent). As might be expected, there was a more consistent relationship between reported dental health and pain; nearly a quarter (23 per cent) of those who said that their dental health was bad or very bad reported that they were currently experiencing pain related to their teeth, compared with 14 per cent who said their dental health was fair and 6 per cent of those who said it was good or very good.

An assessment of dental anxiety was also made during the interview using a validated scale, the Modified Dental Anxiety Scale (MDAS)<sup>2</sup>, which is based on the respondents' answers to a series of questions about how anxious they get, if at all, about a dental visit (See *Access and barriers to care: a report from the Adult Dental Health Survey 2009*). A score of 19 or more on the MDAS indicates extreme levels of dental anxiety and dentate adults who achieved or exceeded this level were the most likely to report pain; 15 per cent of adults with an MDAS score at this level reported current pain, compared with 8 per cent of those with low/no dental anxiety.

*Table 3.1.3*

### 3.1.2 Prevalence of pain or discomfort in the past 12 months

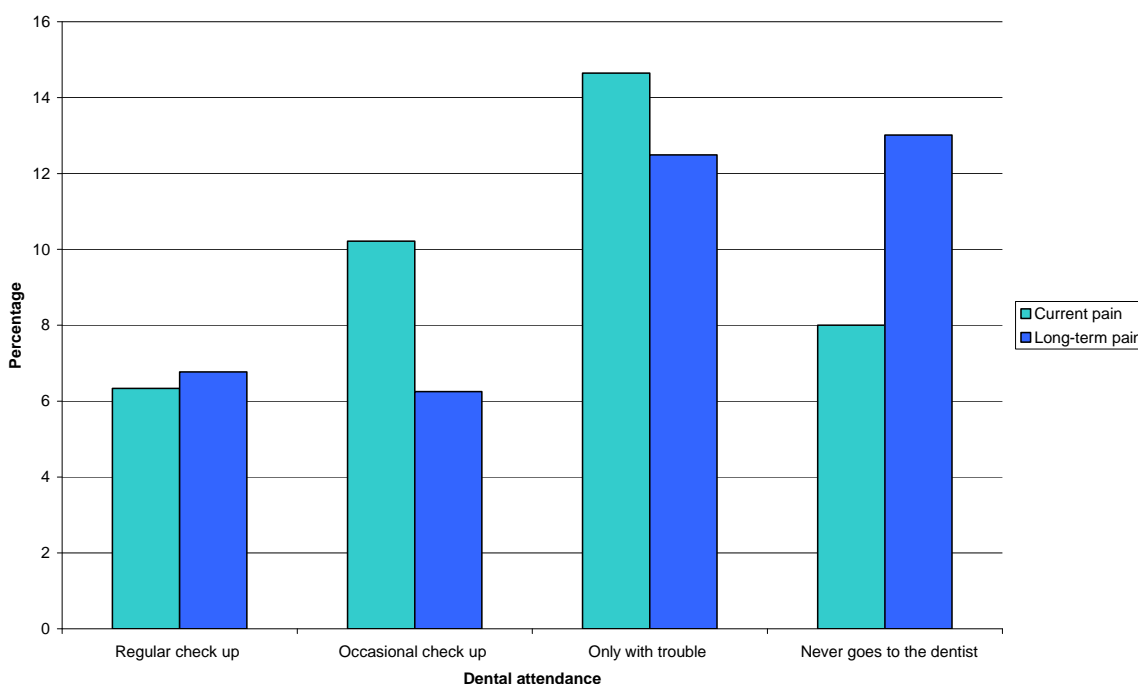
Eight per cent of dentate adults reported that they had experienced pain fairly or very often in their teeth in the past 12 months. Although there were differences in reports of pain in the previous 12 months between dentate adults in different age groups, there was no clear pattern. Unlike current pain discussed above, there was a small but significant difference between men and women (8 per cent compared with 9 per cent). There was also some variation in this measure of pain between English SHAs; the proportion reporting frequent pain varied significantly, from 7 per cent (West Midlands, East of England, South Central) to 11 per cent (South West). Dentate adults' experience of dental pain fairly or very often in the previous 12 months also varied between socio-economic classification of the household; 6 per cent of dentate adults from professional and managerial occupation households reported pain compared with 10 per cent of adults from routine or manual occupation households.

Table 3.1.4

In terms of self-reported dental behaviour, differences in the experience of pain fairly or very often in the previous 12 months were also observed between adults with different patterns of dental attendance. For example, smaller proportions of dentate adults who went to the dentist for either regular or occasional check-ups reported that they had experienced dental pain in the previous 12 months (7 per cent and 6 per cent) than those who said that they never attend the dentist (13 per cent). These patterns were similar to those discussed in relation to current experience of dental pain. However in contrast to current pain, the experience of dental pain fairly or very often in the previous 12 months was much more common among adults who never brushed their teeth or brushed less than once a day (16 per cent), compared with those who brushed more often (8 per cent twice a day, 9 per cent once a day). Finally, as with current pain, smoking was strongly related to the experience of dental pain fairly or very often in the previous 12 months, with 14 per cent of smokers indicating that they had experienced dental pain compared to 7 per cent of ex- or non-smokers.

Figure 3.1.1 and Figure 3.1.2 and Table 3.1.5

Figure 3.1.2 Current and long-term pain by dental attendance



Experiencing dental pain fairly or very often in the previous 12 months also varied by self-reported general health, for example 7 per cent of dentate adults who said their general health was good or very good, also indicated that they experienced dental pain in the previous 12 months, compared with 25 per cent of those who described their general health as bad or very bad. The association with self-reported dental health was greater; 4 per cent of those who described their dental health as good or very good said that they had experienced dental pain fairly or very often in the previous 12 months, compared with 37 per cent of those who described their dental health as bad or very bad. As with current dental pain, experience of pain in the previous 12 months was associated with a high level of dental anxiety; 15 per cent of those with extreme dental anxiety (MDAS score of 19+) reported frequent pain compared with 7 per cent of those with a low/no dental anxiety.

Table 3.1.6

### 3.1.3 The relationship between current and long term dental pain

As might be expected, the experience of one type of dental pain was related to the experience of the other. As Table 1 shows, around one in six adults (16 per cent) reported either current pain or long term pain, with some overlap between the two groups. The small proportion of adults, 3 per cent, who reported both current and long term pain should be of particular concern.

**Table 1 Experience of current and long-term dental pain**

<i>Dentate adults who were examined</i>	<i>England, Wales and Northern Ireland: 2009</i>
<b>Experience of dental pain</b>	<b>%</b>
Current pain but not frequent pain in last 12 months	6
Frequent pain in last 12 months but no current pain	7
Both current pain and frequent pain in last 12 months	3
<b>Any current dental pain or frequent pain in last 12 months</b>	<b>16</b>
<b>No current dental pain or frequent pain in last 12 months</b>	<b>84</b>
<i>Unweighted base</i>	<i>6,470</i>
<i>Weighted base (000s)</i>	<i>42,911</i>

## 3.2 Open dental pulps and oral sepsis

### Introduction

PUFA is a recently developed index of clinical consequences of untreated dental caries. It provides a measure of badly diseased and broken down teeth which have been attacked by dental decay and are causing significant problems in need of early attention. It is intended to complement more classical caries indices with relevant information for epidemiologists and health care planners. The index was first validated on children within the Philippines National Oral Health Survey, 2006<sup>3</sup>, and is being advocated for wider use by the FDI World Dental Federation. This current survey is reporting nationally representative estimates of PUFA for a full range of adult age groups for the first time.

The index is expressed by the uppercase letters PUFA when used for the permanent dentition:

**P**ulp involvement is recorded when the opening of the pulp chamber is visible or when the coronal tooth structures have been destroyed by the carious process and only roots / root fragments are left.

**U**lceration due to trauma is recorded when sharp edges of a dislocated tooth with pulp involvement or root fragments have caused traumatic ulceration of the surrounding soft tissues, e.g., tongue or buccal mucosa.

**F**istula is scored when a pus-releasing sinus tract related to a tooth with pulp involvement is present

**A**bscess is scored when a pus-containing swelling related to a tooth with pulp involvement is present.

The presentation of some of the elements of PUFA in adults may not indicate current caries in the same way they do for children. Abscesses and fistulas can and often do occur in teeth where there is no active caries at the time of the observation. They are nevertheless usually indicative of untreated sepsis from the pulp of the tooth and the need for treatment. In the ADHS clinical examination a single PUFA score for each adult was recorded. As all individual elements of the PUFA score may be relevant in adults and for every population, scores can also be disaggregated into individual elements, with the F and A components combined into a summarising category called dental sepsis (see *Adult Dental Health Survey 2009: Foundation Report, Appendix 2a*)

### 3.2.1 Prevalence of open dental pulps and oral sepsis

Overall 7 per cent of dentate adults had one or more PUFA lesions, most commonly an open pulp in the permanent dentition (4 per cent). Caries-related ulceration was observed in 1 per cent of dentate adults and fistula or abscess in permanent dentition was present in 2 per cent. A greater proportion of men had a positive PUFA score than women, 8 per cent compared with 6 per cent. There was also some variation between English SHAs, with the proportion of dentate adults with a positive PUFA score ranging from 4 per cent in the Yorkshire and the Humber and South East Coast SHAs to 10 per cent in the South West SHA. Care should be exercised in interpreting regional data on this measure because of the likelihood of inter examiner variation. The proportion of positive PUFA scores also varied between socio-economic household classifications, with PUFA conditions being identified in

4 per cent of adults living in managerial or professional households and 9 per cent in routine and manual households.

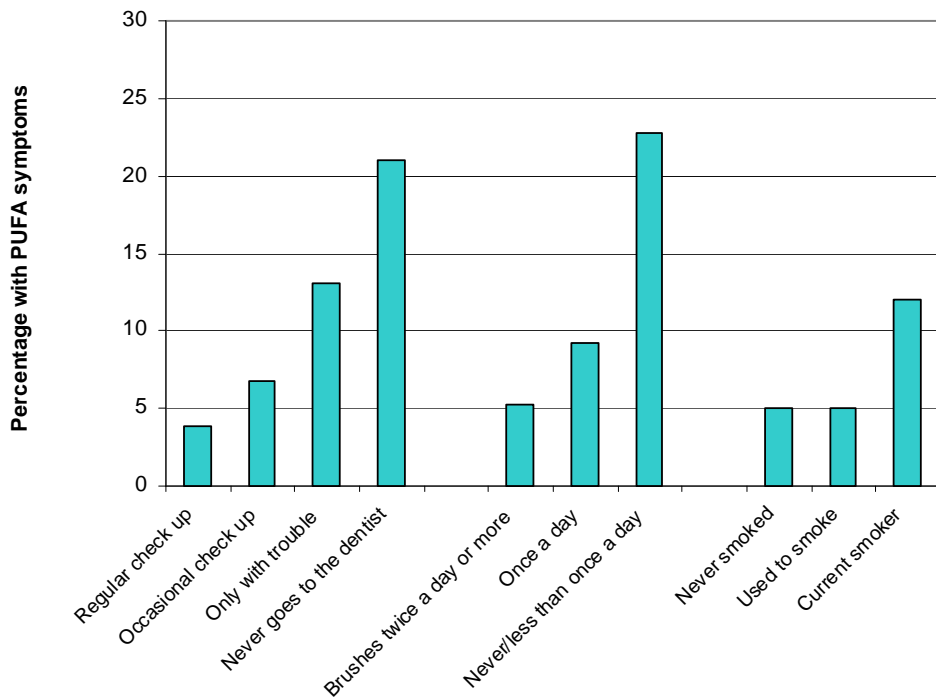
*Tables 3.2.1*

PUFA symptoms were much more commonly experienced among those who said that they only saw a dentist when they had trouble with their teeth (13 per cent), compared with those who went for regular or occasional check-ups (4 per cent and 7 per cent respectively). Time since last visit to the dentist was also important with the prevalence of PUFA lowest among those who had seen a dentist in the past year (4 per cent) and greatest among those who said that they had not seen a dentist for more than 10 years (19 per cent). Similarly, there were differences in the prevalence of PUFA according to the frequency of tooth brushing. A greater proportion of adults who brushed their teeth less often than once a day had a positive PUFA score (23 per cent) than those who brushed once a day (9 per cent) or twice a day or more (5 per cent). Finally, smokers were more likely to have a positive PUFA score: 12 per cent of dentate adults who were current smokers had a positive PUFA score compared with 5 per cent of those who were ex-smokers or who had never smoked.

Having one or more PUFA lesions also varied according to self-reports of general and dental health; for example, PUFA was present in 4 per cent of those who reported their dental health as good or very good, and 27 per cent of those who said it was bad or very bad (there was a very similar but less pronounced pattern for self-reported general health). PUFA was also related to both current pain and experience of dental pain fairly or very often in the previous 12 months. Twenty-seven per cent of those with current pain had one or more PUFA lesions compared with 5 per cent of dentate adults who reported no current dental pain. Also, 19 per cent of those who said that they had dental pain fairly or very often in the previous 12 months had a positive PUFA score compared with 4 per cent of dentate adults who said that they had never or hardly ever experienced dental pain in the previous 12 months. In terms of dental anxiety, just over one-tenth of dentate adults (12 per cent) with extreme dental anxiety had a positive PUFA score compared with only 5 per cent of those with no/low levels of dental anxiety.

*Figure 3.2.1 and Tables 3.2.2 and 3.2.3*

**Figure 3.2.1 PUFA symptoms by dental and lifestyle behaviour**



## 3.3 Teeth with extensive dentinal decay

### Introduction

Untreated teeth with extensive dentinal decay are defined in the present survey as having obvious loss of tooth structure, with a cavity both deep and wide so that dentine is clearly visible on the walls and at the base. Such a cavity would involve at least half of a tooth surface, and teeth coded in this way are so broken down that it is inconceivable that there is not pulp involvement and so restoration of the tooth would be very involved or impossible (see *Disease and related disorders; a report from the Adult Dental Health Survey 2009*).

In a dental surgery setting (with better light, and moisture control and dental X-rays available) more decay and more 'early lesions' would generally be identifiable than in the conditions in which the clinical data for the ADHS were collected. However in the case of the number of teeth with extensive dentinal decay, the differences between a survey examination in the home setting and an examination carried out in a dental practice will be smaller as such teeth are generally fairly visible.

### 3.3.1 Prevalence of untreated teeth with extensive dentinal decay

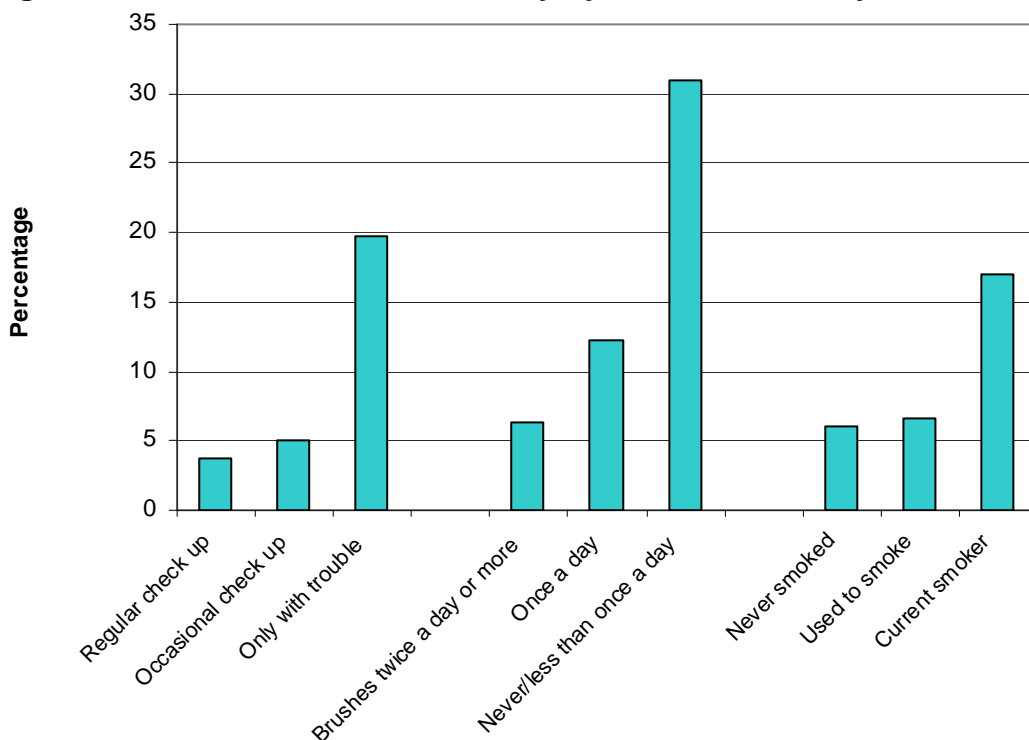
Overall, 8 per cent of dentate adults had one or more teeth with extensive, unrestorable decay, and those who did had an average of 2.2 teeth in this condition (not shown in table). Men were more likely than women to have teeth with extensive decay that were unrestorable (11 per cent compared with 6 per cent respectively) and the prevalence of unrestorable decayed teeth also varied between age groups. For example, 15 per cent of adults aged 75 to 84 had one or more teeth with extensive, unrestorable decay, compared with 6 per cent of adults aged 16 to 24 years old. There were also differences in prevalence between dentate adults from different socio-economic household classifications; 5 per cent of adults in managerial and professional households had one or more teeth with extensive, unrestorable decay whereas 13 per cent of dentate adults from routine and manual occupation households did so.

*Table 3.3.1*

Unsurprisingly, teeth with extensive, unrestorable decay were less prevalent among adults who had regular or occasional dental check-ups (4 per cent and 5 per cent respectively) than those who saw their dentist only if they had trouble (20 per cent) or who said they had never visited a dentist (27 per cent). Similarly, prevalence increased in line with the time since the last dental visit, from 5 per cent of those who claimed to have seen a dentist within the last year to 28 per cent of those who had not seen a dentist for 10 years or more. Nearly a third (31 per cent) of those who said they never brushed their teeth or brushed less than once a day had at least one tooth with extensive, unrestorable decay, compared with 12 per cent of those who said they brushed once a day and 6 per cent of those who said they brushed at least twice a day. One in six (17 per cent) smokers had extensive, unrestorable decay, compared with 7 per cent of ex-smokers and 6 per cent of lifelong non-smokers.

*Figure 3.3.1 and Table 3.3.2*

**Figure 3.3.1 Untreated dentinal decay by dental and lifestyle behaviour**



The prevalence of extensive, unrestorable decay also varied according to self-reported levels of general and dental health. For example, there was a 12 percentage point difference between those adults who rated their general health as good or very good (7 per cent) and those said it was bad or very bad (18 per cent). Likewise, the difference in terms of self-reported dental health was even greater; extensive, unrestorable decay was observed in 4 per cent of those who said their dental health was good or very good, and it increased to 39 per cent of those who said their dental health was bad or very bad.

Extensive, unrestorable decay was present in 20 per cent of those who reported having dental pain fairly or very often in the previous 12 months and in 6 per cent of those who reported having dental pain never or hardly ever over the same time period. Similarly just under one-quarter (23 per cent) of those who reported current dental pain had extensive, unrestorable decay, however 7 per cent of dentate adults with no current pain had extensive, unrestorable decay. That dentate adults with this level of decay can self-report no current or longer-term dental pain demonstrates that not all decayed teeth will cause pain at any given time.

Finally, 15 per cent of adults with extreme dental anxiety had extensive unrestorable decay, whereas the prevalence among those with the low/no dental anxiety was less than half this (6 per cent).

*Table 3.3.3*

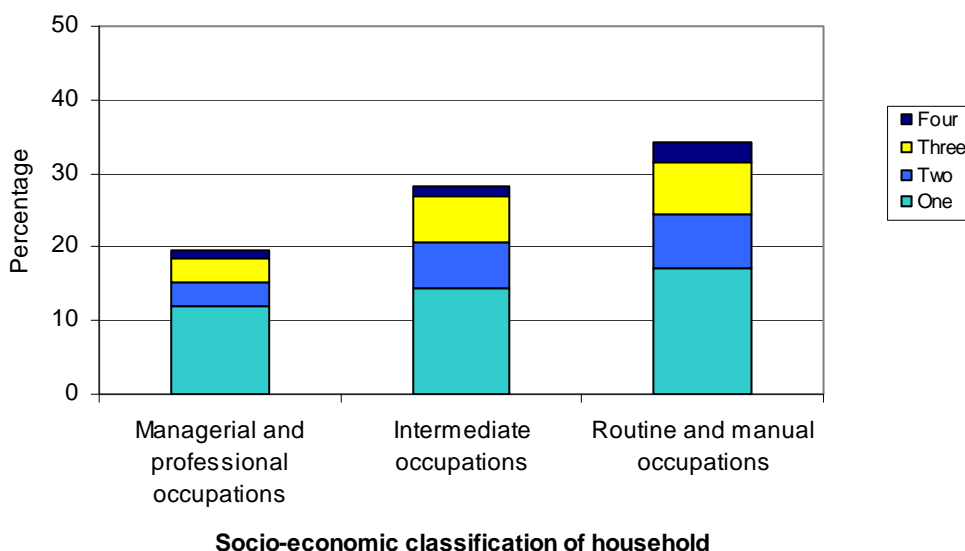
## 3.4 The pattern of urgent conditions

Each of the urgent conditions discussed in this report were each prevalent among just under one in ten adults. There were also similarities in the patterns of prevalence for each of these conditions related to socio-economic classification, dental attendance, tooth brushing habits, smoking behaviour and levels of dental anxiety.

There was some but not complete overlap between the adults with each of these conditions: with nearly one-tenth (8 per cent) having two or more. A further 3 per cent had three or more urgent conditions, and 1 per cent had all four of these conditions, indicating a combination of pain with serious decay and sepsis. Table 3.4.1 shows that adults in routine and manual households were more likely than adults from managerial and professional occupation households to have any urgent conditions, but also to have more than one.

*Figure 3.4.1 and Table 3.4.1*

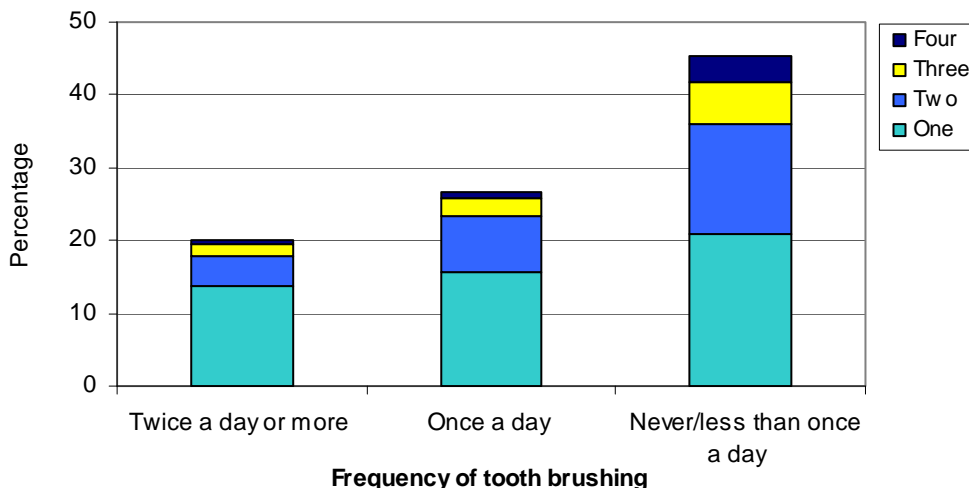
**Figure 3.4.1 Number of urgent conditions by socio-economic classification of household**



There were strong associations between patterns of dental attendance and dental care and the co-morbidity of urgent conditions. For example, 4 per cent of those who said they attended a dentist for regular check-ups had two or more of these urgent conditions compared with 17 per cent of those who attended only when they had trouble with their teeth. Just 1 per cent of those who attended a dentist on a regular basis had three or four of these conditions, compared with 6 per cent of those who attended only with trouble. This pattern was also observed in relation to how recently dentate adults said they had attended a dentist. There was a similar pattern according to how frequently dentate adults brushed their teeth; 6 per cent of those who brushed their teeth at least twice a day had two or more urgent conditions, compared with 24 per cent of those who said they never brushed their teeth or brushed less than once a day.

*Figure 3.4.2 and Table 3.4.2*

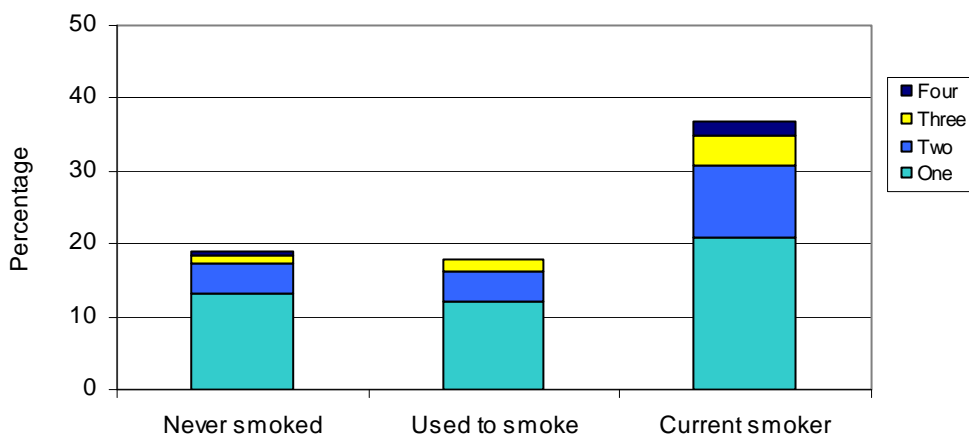
**Figure 3.4.2 Number of urgent conditions by frequency of tooth brushing**



Adults with extreme dental anxiety were most likely to have two or more urgent conditions: 15 per cent, compared with 5 per cent of those with low/no dental anxiety. Finally, smokers were much more likely to have two or more urgent conditions than non-smokers; this was the case for those who had formerly smoked as well as those who had never smoked. Sixteen per cent of smokers had at least two urgent conditions compared with 6 per cent of ex-smokers and dentate adults who had never smoked.

*Figure 3.4.3 and Table 3.4.2*

**Figure 3.4.3 Number of urgent conditions by smoking status**



### Multivariate analysis

The relationship between urgent conditions and socio-demographic and behavioural factors was further explored using a multivariate logistic regression. This allows the complex relationships between the factors associated with urgent conditions to be accounted for. Two models were constructed; one analysing the conditions associated with any urgent conditions, and the second having three or more urgent conditions as an outcome. Arguably the latter group are of most concern, since they will have a combination of both pain and serious decay or sepsis.

Each model included sex, age, socio-economic classification of the household, country of residence, two measures of dental attendance (general pattern of attendance and when last attended), tooth cleaning (frequency of brushing and presence of plaque, a proxy for the efficacy of brushing), a measure of dental anxiety, and smoking status. Analysis was carried out using a forward stepwise method. Final models include only those variables that were significantly associated with the outcome of interest.

After controlling for other factors, having at least one urgent condition (current pain, long-term pain, PUFA symptoms or a tooth with extensive dentinal decay) is associated with age and socio-economic classification, as well as dental attendance patterns, brushing patterns, smoking status and dental anxiety.

*Table 3.4.3*

For adults with three or more conditions, personal characteristics were not significant; behaviour was closely associated with this group. Adults had an increased likelihood of both pain and serious decay or sepsis if they did not attend a dentist for regular check-ups, never brushed their teeth or brushed less than once a day, or were smokers. Unsurprisingly, a combination of urgent conditions was also associated with high levels of dental anxiety.

*Table 3.4.4*

## Conclusion

The very significant improvements in oral health reported in this survey (see *Function and health; a report from the Adult Dental Health Survey 2009*) need to be taken alongside other findings such as those in this report. The urgent conditions reported here do indicate current issues that need immediate attention in a minority of people. However, even 9 per cent of dentate people reporting pain or problems amount to many in need of immediate care within the total population. The socio-demographic characteristics of age and socio-economic classification taken together with dental attendance, reported tooth brushing and smoking are associated with the occurrence of these conditions.

The increasing amounts of pain in the youngest age group as well as the high levels in those people with the most severe levels of anxiety suggest that there are groups of people who may need special types of care in order to return them to a pain free condition.

Although an increasing proportion of people are enjoying improved oral health, this report shows that this situation is not universal and the need for easy access to services will remain for some time. It is likely that some of the people needing them will have very specific needs and so it may be that there is a requirement for a variety of provision with flexibility.

# Notes and References

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- <sup>1</sup> Slade G D. (1997) Derivation and validation of a short form oral health impact profile. *Community Dentistry Oral Epidemiol* 25: 284–290.
- <sup>2</sup> Humphris GM, Morrison T, Lindsay S (1995) The Modified Dental Anxiety Scale: validation and United Kingdom norms. *J Community Dent Health*. Sep;12(3):143-50.
- <sup>3</sup> Monse B, Heinrich-Weltzien R, Benzian H, Holmgren C, van Palenstein Helderma W. PUFA - An index of clinical consequences of untreated dental caries. *Community Dent Oral Epidemiol*. 2010;38:77-82

# Tables

## Presentation of data

- 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.
- 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 '-'.
- 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.
- 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.
- 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 3.1.1 Current dental pain (exam) by characteristics of dentate adults**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>		
<b>Characteristics of dentate adults</b>	<b>Percentage</b>	<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>	
	<b>who reported current pain</b>			
<b>All</b>	9	6,470	42,918	
<b>Age</b>				
16-24	9	640	6,724	
25-34	10	910	7,090	
35-44	10	1,280	8,509	
45-54	10	1,200	7,198	
55-64	9	1,160	6,448	
65-74	6	810	4,109	
75-84	4	390	2,347	
85 and over	5	80	494	
<b>Sex</b>				
Men	9	2,960	21,069	
Women	9	3,510	21,849	
<b>Country</b>				
England	9	5,620	39,420	
Wales	8	420	2,204	
Northern Ireland	9	430	1,295	
<b>English Strategic Health Authority</b>				
North East	8	570	1,927	
North West	11	600	5,218	
Yorkshire & The Humber	8	500	3,912	
East Midlands	9	710	3,382	
West Midlands	9	490	3,973	
East Of England	10	650	4,452	
London	9	400	6,016	
South East Coast	7	450	3,314	
South Central	8	610	3,204	
South West	8	660	4,026	
<b>Socio-economic classification of household <sup>1</sup></b>				
Managerial and professional occupations	7	2,590	16,923	
Intermediate occupations	8	1,180	7,797	
Routine and manual occupations	11	2,020	13,612	

<sup>1</sup> 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 3.1.2 Current dental pain (exam) by reported dental and lifestyle behaviour**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>		
<b>Reported dental and lifestyle behaviour</b>	<b>Percentage who reported current pain</b>	<b><i>Unweighted bases</i></b>	<b><i>Weighted bases (000s)</i></b>	
<b>All</b>	9	6,470	42,918	
<b>Dental attendance</b>				
Regular check up	6	4,380	26,817	
Occasional check up	10	550	4,278	
Only with trouble	15	1,450	11,063	
Never goes to the dentist	8	80	710	
<b>Time since last dental visit <sup>1</sup></b>				
Less than 1 year	8	4,960	31,309	
Between 1 and 5 years	13	970	7,393	
Over 5 up to 10 years	13	260	2,068	
Over 10 years	13	200	1,425	
<b>Frequency of teeth cleaning</b>				
Twice a day or more	8	4,820	31,782	
Once a day	10	1,450	9,704	
Never/less than once a day	12	180	1,321	
<b>Smoking status</b>				
Current smoker	16	1,270	8,937	
Ex-smoker	7	2,240	14,186	
Never smoked	8	2,960	19,734	

<sup>1</sup> Excludes people who had never been to dentist.

**Table 3.1.3 Current dental pain (exam) by reported health, pain and anxiety**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>		
<b>Reported health, pain and anxiety</b>	<b>Percentage who reported current pain</b>	<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>	
<b>All</b>	9	6,470	42,918	
<b>Self-reported general health</b>				
Very good/good	8	5,280	35,401	
Fair	14	910	5,811	
Bad/very bad	10	280	1,707	
<b>Self-reported dental health</b>				
Very good/good	6	4,590	30,319	
Fair	14	1,390	9,226	
Bad/very bad	23	480	3,331	
<b>MDAS score</b>				
0-9	8	3,290	21,233	
10-18	9	2,320	15,584	
19+	15	730	5,012	

**Table 3.1.4 Dental pain in last 12 months (OHIP) by characteristics of dentate adults**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
<b>Characteristics of dentate adults</b>		<b>Frequency of physical dental pain:</b>			<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
		<b>Never/hardly ever</b>	<b>Occasionally</b>	<b>Fairly/very often</b>		
<b>All</b>	%	70	21	8	10,560	42,913
<b>Age</b>						
16-24	%	74	19	6	1,040	6,691
25-34	%	70	21	9	1,500	7,241
35-44	%	70	22	8	2,040	8,371
45-54	%	69	22	9	2,010	7,365
55-64	%	66	24	10	1,850	6,312
65-74	%	72	21	7	1,300	3,999
75-84	%	75	18	6	700	2,454
85 and over	%	66	22	12	130	481
<b>Sex</b>						
Men	%	72	21	8	4,740	21,094
Women	%	69	22	9	5,820	21,819
<b>Country</b>						
England	%	70	22	8	9,010	39,414
Wales	%	76	16	8	890	2,201
Northern Ireland	%	75	18	7	660	1,299
<b>English Strategic Health Authority</b>						
North East	%	68	23	9	900	1,932
North West	%	68	23	9	900	5,209
Yorkshire & The Humber	%	70	22	8	930	3,929
East Midlands	%	70	21	10	1,050	3,391
West Midlands	%	73	20	7	790	3,982
East Of England	%	71	23	7	990	4,455
London	%	72	20	8	730	5,941
South East Coast	%	67	23	9	850	3,325
South Central	%	73	20	7	940	3,209
South West	%	66	23	11	950	4,042
<b>Socio-economic classification of household <sup>1</sup></b>						
Managerial and professional occupations	%	74	20	6	3,910	16,048
Intermediate occupations	%	69	23	9	1,910	7,562
Routine and manual occupations	%	68	22	10	3,360	13,760

<sup>1</sup> 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 3.1.5 Dental pain in last 12 months (OHIP) by reported dental and lifestyle behaviour**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
Reported dental and lifestyle behaviour		Frequency of physical dental pain:			Unweighted bases	Weighted bases (000s)
		Never/hardly ever	Occasionally	Fairly/very often		
<b>All</b>	%	70	21	8	10,560	42,913
<b>Dental attendance</b>						
Regular check up	%	73	21	7	6,980	26,253
Occasional check up	%	74	20	6	870	4,172
Only with trouble	%	63	24	12	2,570	11,702
Never goes to the dentist	%	72	15	13	140	736
<b>Time since last dental visit <sup>1</sup></b>						
Less than 1 year	%	70	22	8	7,940	30,846
Between 1 and 5 years	%	70	22	8	1,650	7,620
Over 5 up to 10 years	%	71	19	10	430	2,021
Over 10 years	%	75	17	9	410	1,678
<b>Frequency of teeth cleaning</b>						
Twice a day or more	%	72	20	8	7,910	31,913
Once a day	%	66	25	9	2,340	9,676
Never/less than once a day	%	62	22	16	280	1,205
<b>Smoking status</b>						
Current smoker	%	61	25	14	2,400	9,599
Ex-smoker	%	71	23	7	3,860	13,262
Never smoked	%	75	19	7	5,100	19,982

<sup>1</sup> Excludes people who had never been to dentist.

**Table 3.1.6 Dental pain in last 12 months (OHIP) by reported health, pain and anxiety**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
Reported health, pain and anxiety		Frequency of physical dental pain:			Unweighted bases	Weighted bases (000s)
		Never/hardly ever	Occasionally	Fairly/very often		
<b>All</b>	%	70	21	8	10,560	42,913
<b>Self-reported general health</b>						
Very good/good	%	74	20	7	8,600	35,441
Fair	%	57	30	13	1,510	5,764
Bad/very bad	%	48	26	25	460	1,703
<b>Self-reported dental health</b>						
Very good/good	%	78	17	4	7,530	30,301
Fair	%	57	32	11	2,250	9,274
Bad/very bad	%	31	31	37	780	3,301
<b>MDAS score</b>						
0-9	%	75	19	7	5,320	21,260
10-18	%	68	24	8	3,720	15,318
19+	%	60	25	15	1,310	5,226

**Table 3.2.1 Individual PUFA symptoms by characteristics of dentate adults**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
<b>Characteristics of dentate adults</b>	<b>Percentage with any PUFA symptoms</b>	<b>Percentage with ...</b>			<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
		<b>Open pulp</b>	<b>Ulceration</b>	<b>Fistula/ abscess</b>		
<b>All</b>	7	4	1	2	6,470	42,918
<b>Age</b>						
16-24	6	4	1	2	640	6,724
25-34	6	5	1	2	910	7,090
35-44	6	3	1	2	1,280	8,509
45-54	7	5	1	2	1,200	7,198
55-64	8	5	2	3	1,160	6,448
65-74	6	3	2	2	810	4,109
75-84	8	6	2	3	390	2,347
85 and over	10	7	1	2	80	494
<b>Sex</b>						
Men	8	6	1	2	2,960	21,069
Women	6	3	1	2	3,510	21,849
<b>Country</b>						
England	7	4	1	2	5,620	39,420
Wales	8	5	2	2	420	2,204
Northern Ireland	6	3	1	2	430	1,295
<b>English Strategic Health Authority</b>						
North East	9	5	2	3	570	1,924
North West	9	7	2	2	600	5,218
Yorkshire & The Humber	4	4	0	1	500	3,912
East Midlands	6	5	1	1	710	3,382
West Midlands	7	5	1	2	490	3,973
East Of England	5	4	0	1	650	4,452
London	7	3	2	4	400	6,016
South East Coast	4	4	0	1	450	3,314
South Central	5	3	2	2	610	3,204
South West	10	6	3	4	660	4,026
<b>Socio-economic classification of household <sup>1</sup></b>						
Managerial and professional occupations	4	3	1	2	2,590	16,923
Intermediate occupations	7	5	1	3	1,180	7,797
Routine and manual occupations	9	6	2	3	2,020	13,612

<sup>1</sup> 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 3.2.2 Individual PUFA symptoms by reported dental and lifestyle behaviour**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
Reported dental and lifestyle behaviour	Percentage with any PUFA symptoms	Percentage with ...			Unweighted bases	Weighted bases (000s)
		Open pulp	Ulceration	Fistula/ abscess		
All	7	4	1	2	6,470	42,918
<b>Dental attendance</b>						
Regular check up	4	2	1	2	4,380	26,817
Occasional check up	7	3	2	3	550	4,278
Only with trouble	13	10	2	4	1,450	11,063
Never goes to the dentist	21	21	1	8	80	710
<b>Time since last dental visit <sup>1</sup></b>						
Less than 1 year	4	2	1	2	4,960	31,309
Between 1 and 5 years	9	8	1	3	970	7,393
Over 5 up to 10 years	17	13	3	3	260	2,068
Over 10 years	19	16	5	4	200	1,425
<b>Frequency of teeth cleaning</b>						
Twice a day or more	5	3	1	2	4,820	31,782
Once a day	9	7	2	3	1,450	9,704
Never/less than once a day	23	19	6	5	180	1,321
<b>Smoking status</b>						
Current smoker	12	9	2	3	1,270	8,937
Ex-smoker	5	4	1	2	2,240	14,186
Never smoked	5	3	1	2	2,960	19,734

<sup>1</sup>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 3.2.3 Individual PUFA symptoms by reported health, pain and anxiety**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>				
<b>Reported health, pain and anxiety</b>	<b>Percentage with any PUFA symptoms</b>	<b>Percentage with ...</b>			<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
		<b>Open pulp</b>	<b>Ulceration</b>	<b>Fistula/ abscess</b>		
<b>All</b>	7	4	1	2	6,470	42,918
<b>Self-reported general health</b>						
Very good/good	6	4	1	2	5,280	35,401
Fair	10	7	2	3	910	5,811
Bad/very bad	13	11	2	2	280	1,707
<b>Self-reported dental health</b>						
Very good/good	4	2	1	1	4,590	30,319
Fair	10	6	1	4	1,390	9,226
Bad/very bad	27	22	3	8	480	3,331
<b>Pain in last 12 months (OHIP)</b>						
Never/ hardly ever	4	3	1	1	4,380	29,326
Occasionally	8	6	1	2	1,490	9,690
Fairly/very often	19	13	3	9	600	3,903
<b>Current pain (exam)</b>						
Yes	27	18	4	11	570	3,849
No	5	3	1	1	5,900	39,069
<b>MDAS score</b>						
0-9	5	3	1	2	3,290	21,233
10-18	7	4	1	2	2,320	15,584
19+	12	9	2	4	730	5,012

**Table 3.3.1 Unrestorable caries by characteristics of dentate adults**

<i>Dentate adults</i>	<i>England, Wales and Northern Ireland: 2009</i>		
<b>Characteristics of dentate adults</b>	<b>Percentage with one or more teeth with unrestorable caries</b>	<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
<b>All</b>	8	6,470	42,918
<b>Age</b>			
16-24	6	650	6,724
25-34	9	910	7,090
35-44	7	1,280	8,509
45-54	8	1,200	7,198
55-64	10	1,160	6,448
65-74	9	810	4,109
75-84	15	390	2,347
85 and over	10	80	494
<b>Sex</b>			
Men	11	2,960	21,069
Women	6	3,510	21,849
<b>Country</b>			
England	8	5,620	39,420
Wales	13	420	2,204
Northern Ireland	10	430	1,295
<b>English Strategic Health Authority</b>			
North East	11	570	1,924
North West	9	600	5,218
Yorkshire & The Humber	9	500	3,912
East Midlands	8	710	3,382
West Midlands	7	490	3,973
East Of England	7	650	4,452
London	10	400	6,016
South East Coast	7	450	3,314
South Central	4	610	3,204
South West	9	660	4,026
<b>Socio-economic classification of household <sup>1</sup></b>			
Managerial and professional occupations	5	2,590	16,923
Intermediate occupations	8	1,180	7,797
Routine and manual occupations	13	2,020	13,612

<sup>1</sup> 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 3.3.2 Unrestorable caries by reported dental and lifestyle behaviour**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>		
<b>Reported dental and lifestyle behaviour</b>	<b>Percentage with one or more teeth with unrestorable caries</b>	<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>	
<b>All</b>	8	6,470	42,918	
<b>Dental attendance</b>				
Regular check up	4	4,380	26,817	
Occasional check up	5	550	4,278	
Only with trouble	20	1,450	11,063	
Never goes to the dentist	27	80	710	
<b>Time since last dental visit<sup>1</sup></b>				
Less than 1 year	5	4,960	31,309	
Between 1 and 5 years	15	970	7,393	
Over 5 up to 10 years	20	260	2,068	
Over 10 years	28	200	1,425	
<b>Frequency of teeth cleaning</b>				
Twice a day or more	6	4,820	31,782	
Once a day	12	1,450	9,704	
Never/less than once a day	31	180	1,321	
<b>Smoking status</b>				
Current smoker	17	1,270	8,937	
Ex-smoker	7	2,240	14,186	
Never smoked	6	2,960	19,734	

<sup>1</sup> 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 3.3.3 Unrestorable caries by reported health, pain and anxiety**

*Dentate adults* *England, Wales and Northern Ireland: 2009*

<b>Reported health, pain and anxiety</b>	<b>Percentage with one or more teeth with unrestorable caries</b>	<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
<b>All</b>	8	6,470	42,918
<b>Self-reported general health</b>			
Very good/good	7	5,280	35,401
Fair	14	910	5,811
Bad/very bad	18	280	1,707
<b>Self-reported dental health</b>			
Very good/good	4	4,590	30,319
Fair	12	1,390	9,226
Bad/very bad	39	480	3,331
<b>Pain in last 12 months (OHIP)</b>			
Never/ hardly ever	6	4,380	29,326
Occasionally	11	1,490	9,690
Fairly/very often	20	600	3,903
<b>Current pain (exam)</b>			
Yes	23	570	3,849
No	7	5,900	39,069
<b>MDAS score</b>			
0-9	6	3,290	21,233
10-18	8	2,320	15,584
19+	15	730	5,012

**Table 3.4.1 Prevalence of urgent conditions by characteristics of dentate adults**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>						
<b>Characteristics of dentate adults</b>		<b>Number of urgent conditions</b>					<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
		<b>None</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>Four</b>		
<b>All</b>	%	78	14	5	2	1	6,470	42,918
<b>Age</b>								
16-24	%	83	10	4	2	0	640	6,724
25-34	%	78	12	7	2	1	910	7,090
35-44	%	78	15	4	2	1	1,280	8,509
45-54	%	75	17	5	2	1	1,200	7,198
55-64	%	76	16	6	2	1	1,160	6,448
65-74	%	78	16	4	1	0	810	4,109
75-84	%	75	18	5	2	0	390	2,347
85 and over	%	77	13	9	2	-	80	494
<b>Sex</b>								
Men	%	77	14	6	2	1	2,960	21,069
Women	%	78	15	5	1	0	3,510	21,849
<b>Country</b>								
England	%	78	14	5	2	1	5,620	39,420
Wales	%	75	16	6	2	1	420	2,204
Northern Ireland	%	78	15	4	2	0	430	1,295
<b>English Strategic Health Authority</b>								
North East	%	76	16	6	2	1	570	1,924
North West	%	75	15	6	3	1	600	5,218
Yorkshire & The Humber	%	81	12	5	2	0	500	3,912
East Midlands	%	79	13	5	2	1	710	3,382
West Midlands	%	78	14	6	2	0	490	3,973
East Of England	%	79	14	5	2	0	650	4,452
London	%	76	16	6	2	0	400	6,016
South East Coast	%	80	13	5	2	1	450	3,314
South Central	%	82	12	4	1	0	610	3,204
South West	%	75	17	4	3	2	660	4,026
<b>Socio-economic classification of household <sup>1</sup></b>								
Managerial and professional occupations	%	83	12	3	1	0	2,590	16,923
Intermediate occupations	%	77	15	6	1	0	1,180	7,797
Routine and manual occupations	%	72	17	7	3	1	2,020	13,612

<sup>1</sup> 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 3.4.2 Prevalence of urgent conditions by dental behaviours and attitudes**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>					
<b>Dental behaviour and attitudes</b>	<b>Number of urgent conditions</b>					<b>Unweighted bases</b>	<b>Weighted bases (000s)</b>
	<b>None</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>Four</b>		
<b>All</b>	78	14	5	2	1	6,470	42,918
<b>Dental attendance</b>							
Regular check up	84	12	3	1	0	4,380	26,817
Occasional check up	79	15	4	1	1	550	4,278
Only with trouble	63	20	11	4	2	1,450	11,063
Never goes to the dentist	63	12	16	6	2	80	710
<b>Time since last dental visit <sup>1</sup></b>							
Less than 1 year	81	14	4	1	0	4,960	31,309
Between 1 and 5 years	73	15	7	3	2	970	7,393
Over 5 up to 10 years	64	18	12	5	1	260	2,068
Over 10 years	57	21	16	4	2	200	1,425
<b>Frequency of teeth cleaning</b>							
Twice a day or more	80	14	4	2	0	4,820	31,782
Once a day	73	16	8	2	1	1,450	9,704
Never/less than once a day	55	21	15	6	3	180	1,321
<b>Smoking status</b>							
Current smoker	63	21	10	4	2	1,270	8,937
Ex-smoker	82	12	4	2	0	2,240	14,186
Never smoked	81	13	4	1	0	2,960	19,734
<b>MDAS score</b>							
0-9	81	14	4	1	0	3,290	21,233
10-18	78	14	6	2	0	2,320	15,584
19+	66	19	9	4	2	730	5,012

<sup>1</sup> 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 3.4.3 Estimated odds ratios for any urgent condition**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>			
<b>Variable</b>	<b>N</b>	<b>Odds ratio</b>	<b>p-value<sup>1</sup></b>	<b>Lower</b>	<b>Upper</b>
<b>Age (p&lt;0.001)</b>					
16-24	680	1			
25-34	950	1.58	0.001	1.20	2.08
35-44	1,340	1.72	<0.001	1.33	2.21
45-54	1,260	1.98	<0.001	1.50	2.63
55-64	1,240	2.26	<0.001	1.72	2.97
65 and over	1,390	2.33	<0.001	1.77	3.06
<b>Socio-economic classification of household (p=0.001)</b>					
Managerial and professional occupations	2,660	1			
Intermediate occupations	1,250	1.22	0.037	1.01	1.47
Routine and manual occupations	2,190	1.43	<0.001	1.21	1.69
Not given	750	1.29	0.029	1.03	1.63
<b>Pattern of dental attendance (p&lt;0.001)</b>					
Regular check-up	4,540	1			
Occasional check-up	570	1.67	<0.001	1.32	2.11
Only with trouble	1,640	2.95	<0.001	2.35	3.69
Never	100	3.03	<0.001	1.71	5.38
<b>Most recent dental attendance (p=0.006)</b>					
Less than 1 year	5,200	1			
Between 1 and 5 years	1,050	0.72	0.001	0.59	0.88
Over 5 up to 10 years	290	0.89	0.443	0.65	1.21
Over 10 years	220	1.02	0.919	0.73	1.41
Not given	100	0.83	0.804	0.19	3.65
<b>Frequency of teeth cleaning (p&lt;0.001)</b>					
Twice a day or more	5,040	1			
Once a day	1,520	1.11	0.196	0.95	1.30
Never/less than once a day	300	1.99	<0.001	1.50	2.63
<b>Smoking status (p&lt;0.001)</b>					
Never smoked	3,080	1			
Ex-smoker	2,370	0.92	0.262	0.79	1.07
Current smoker	1,410	1.94	<0.001	1.66	2.28
<b>Dental anxiety (MDAS) (p&lt;0.001)</b>					
Low or medium MDAS score	3,990	1			
High MDAS score	540	1.68	<0.001	1.39	2.01
<b>Plaque (p&lt;0.001)</b>					
No plaque	2,250	1			
Has plaque	4,220	1.45	<0.001	1.25	1.68

<sup>1</sup>P-value for each variable excludes missing values.

**Table 3.4.4 Estimated odds ratios for 3 or more urgent conditions**

<i>Dentate adults</i>		<i>England, Wales and Northern Ireland: 2009</i>			
<b>Variable</b>	<b>N</b>	<b>Odds ratio</b>	<b>p-value<sup>1</sup></b>	<b>Lower</b>	<b>Upper</b>
<b>Pattern of dental attendance (p&lt;0.001)</b>					
Regular check-up	4,380	1			
Occasional check-up	550	2.01	0.043	1.02	3.94
Only with trouble	1,450	3.83	<0.001	2.51	5.85
Never	90	8.98	<0.001	4.09	19.70
<b>Frequency of teeth cleaning (p=0.004)</b>					
Twice a day or more	4,820	1			
Once a day	1,450	1.31	0.167	0.89	1.92
Never/less than once a day	200	2.41	0.001	1.44	4.06
<b>Smoking status (p&lt;0.001)</b>					
Never smoked	2,960	1			
Ex-smoker	2,240	1.13	0.616	0.71	1.79
Current smoker	1,270	2.41	<0.001	1.63	3.56
<b>Dental anxiety (MDAS) (p=0.001)</b>					
Low or medium MDAS score	5,740	1			
High MDAS score	730	1.91	<0.001	1.33	2.73
<b>Plaque (p&lt;0.001)</b>					
No plaque	2,250	1			
Has plaque	4,220	4.56	<0.001	2.41	8.62

<sup>1</sup>P-value for each variable excludes missing values.

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