



Australian Government

**Australian Institute of
Health and Welfare**

J. Armfield
K. Roberts-Thomson
G. Slade
J. Spencer

The Child Dental Health Survey, Australian Capital Territory 2000

AIHW Catalogue No. DEN 118

**AUSTRALIAN RESEARCH CENTRE
FOR POPULATION ORAL HEALTH**

The Australian Institute of Health and Welfare (AIHW) is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and well-being of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the AIHW established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

Suggested citation

Armfield JM, Roberts-Thomson KF, Slade GD, Spencer AJ (2004). *Child Dental Health Survey, Australian Capital Territory 2000*. Adelaide: The University of Adelaide.

Acknowledgments

The data used for this report were collected in collaboration with the Australian Capital Territory School Dental Service. The support of the service and their staff was crucial to the successful reporting of results for this survey.

Any comments or information relevant to the subject matter of this report would be welcome. Correspondence should be directed to:

The Director
AIHW Dental Statistics and Research Unit
Adelaide University
SOUTH AUSTRALIA 5005

Tel: (08) 8303 4051

Fax: (08) 8303 4858

E-mail: aihw.dsru@adelaide.edu.au

Website: <http://www.adelaide.edu.au/socprev-dent/dsru>

<http://www.arcpoh.adelaide.edu.au>

Board Chairperson

Dr Sandra Hacker

Director

Dr Richard Madden

Contents

Purpose of this report.....	1
Sampling and data analysis	1
Demographic composition of the sample	3
Deciduous teeth	4
Permanent teeth.....	7
All teeth.....	10
Fissure sealants	11
School Dental Service examinations	12
Percentage of children with dmft = 0, DMFT = 0 and d+D ≥ 4.....	14
Caries experience by geographical location.....	14

Tables

Table 1: Demographic composition of the sample.....	4
Table 2: Deciduous teeth – decayed, missing and filled teeth by age.....	5
Table 3: Deciduous teeth – caries experience indices by age.....	5
Table 4: Deciduous teeth – decayed, missing and filled surfaces by age	6
Table 5: Permanent teeth – decayed, missing and filled teeth by age.....	8
Table 6: Permanent teeth – caries experience indices by age	9
Table 7: Permanent teeth – decayed, missing and filled surfaces by age	9
Table 8: All teeth – age-specific experience.....	11
Table 9: Fissure sealants – age-specific experience	12
Table 10: School Dental Service examinations – age-specific distribution	13
Table 11: School Dental Service examinations – time since last visit	13
Table 12: Deciduous caries experience for 5–6-year-old children by region.....	15
Table 13: Permanent caries experience for 11–12-year-old children by region.....	15

,

Figures

Figure 1: Statistical Subdivisions of the Australian Capital Territory.....	2
Figure 2: Percentage of children in sample and Australian Capital Territory population by Statistical Subdivision.....	3
Figure 3: Percentage of dmft score represented by decayed, missing and filled components	7
Figure 4: Percentage of DMFT score represented by decayed, missing and filled components	10
Figure 5: Percentage of children with dmft = 0, DMFT = 0 and d+D ≥ 4	14

Abbreviations

d	deciduous decayed teeth
m	deciduous missing teeth
f	deciduous filled teeth
dmft	deciduous decayed, missing and filled teeth
D	permanent decayed teeth
M	permanent missing teeth
F	permanent filled teeth
DMFT	permanent decayed, missing and filled teeth
SD	standard deviation

Purpose of this report

This report is part of the annual series providing descriptive statistics concerning child dental health in the Australian Capital Territory. The report contains tables and figures. Information listed in the tables includes: the age and sex of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants and children's history of School Dental Service examinations. The figures combine and summarise information from four of the tables.

The following sections briefly describe the tables and figures of this report and provide a simple, summary statement highlighting differences between the 1999 and 2000 findings. However, no formal hypothesis tests have been undertaken and descriptions of difference between years are intended as a guide to the reader rather than an evaluation of trends.

Sampling and data analysis

Data were collected during the 2000 calendar year from patients of the ACT School Dental Service (SDS) by dental therapists and dentists. A random sampling procedure was used to select approximately one in two (1:2.5) patients. This was achieved by selecting those children whose birthday was between the 1st and 12th (inclusive) of any month. Provision was made for inclusion and numerical weighting of data from children whose date of birth was unknown. A total of 17 patients with birth dates outside of the desired sampling frame were also sampled. These children were included in the analyses with appropriate adjustments being made to statistical weights. Records from children with a known date of birth were weighted up, while records from children for whom age only was known or who were not sampled according to the desired sampling frame were weighted down. The sum of the weighted records is equivalent to the number of children sampled for the survey. The number of cases has been rounded to the nearest integer.

The purpose of the weighting protocol was to produce estimates that are representative of those of the population covered by the ACT SDS for 2000. However, the estimates in this report cannot be applied to children who are not enrolled in the ACT SDS. Consequently, the results in this report do not represent the complete ACT child population, but only that portion of the population that is enrolled in the ACT SDS. In the ACT, approximately 26% of primary school children were enrolled in the School SDS in 2003, and although there is reason to believe that the percentage enrolled was higher in 2000, it is considered that estimates in this report may differ substantially from estimates that would be obtained if all children in the State were surveyed.

All indices were calculated from data collected over a 12-month period. Where children received more than one examination during this period the information derived from examinations other than the first has been excluded. However, analyses of children's history of School Dental Service examinations (Tables 10 and 11) use information from all examinations. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40% and population estimates of these indices may be considered to be statistically unreliable and should be interpreted with due care.



Figure 1. Statistical Subdivisions of the Australian Capital Territory

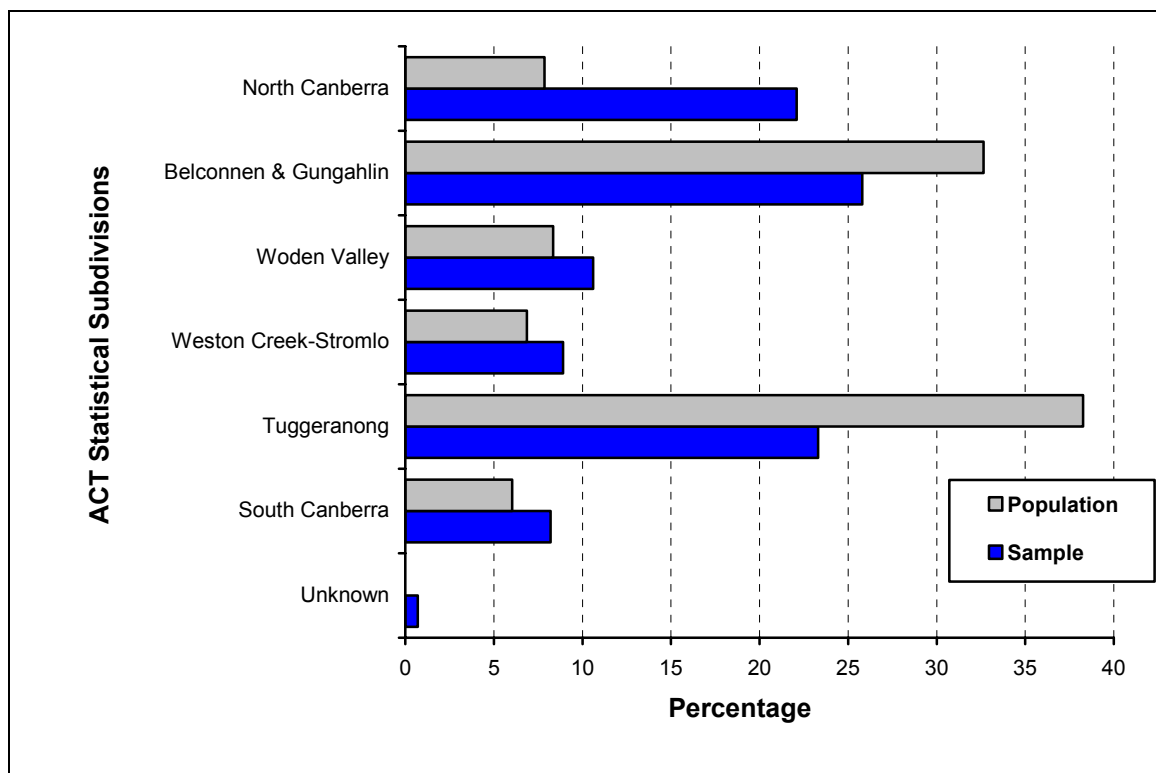


Figure 2: Percentage of children in sample and Australian Capital Territory population by Statistical Subdivision

The data were extensively cleaned prior to analysis to correct for errors and duplicate cases. In addition, cases with ages more than 3 standard deviations from the mean age for a given number of either deciduous or permanent teeth were examined and corrected where the cause for an error could be determined. These cases most likely represented data recording errors

Demographic composition of the sample

The great majority of children in the sample (91.1%) were aged between 5 and 12 years inclusive (see Table 1). Twelve-year-olds were one half as likely as those aged between 6 and 11 years to be in the sample, while children aged 4 years or less and those aged 13 years or older were represented in relatively small numbers. Males and females were sampled in approximately equal numbers with only minor variations in proportions across age groups.

This distribution of the sample is closely related to the main target groups of children served by the School Dental Service in the ACT and emphasises that the sample is representative of primary school aged children served by the School Dental Service, rather than all children in the ACT. The small numbers of children aged either younger than 5 years or 13 years and older are likely to be less representative of ACT children in general, and their small numbers contribute to imprecision in some age-specific statistics contained in the remaining tables. As a result of the small number of children aged less than 5, these age groups are not reported on in the following analyses. Children aged 15 and 16 were combined for subsequent analyses.

Table 1: Demographic composition of the sample

Age	Children in sample (unweighted)			Children in sample (weighted)		
	Males	Females	Persons	Males	Females	Persons
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
3	2	0	2	3	0	3
4	5	1	6	5	1	6
5	44	29	73	40	31	71
6	88	68	156	80	65	145
7	84	90	174	77	83	161
8	81	66	147	79	58	137
9	88	83	171	94	85	180
10	72	76	148	68	75	144
11	69	59	128	73	73	146
12	47	34	81	52	37	89
13	24	19	43	26	15	41
14	15	15	30	20	19	39
15	12	7	19	13	5	18
16	4	1	5	2	2	4
Total	635	548	1,183	633	550	1,183

Changes since 1999

The sampled number of cases has continued to decline, decreasing substantially by 1,791 children from 1999, a reduction of approximately 60%.

Deciduous teeth

The mean number of clinically detectable decayed (d) teeth among children aged 5 to 12 years ranged from 1.19 for 5-year-olds to 0.20 for 12-year-old children (Table 2). The reduction in the decay score with age can be explained by the exfoliation of deciduous teeth (as seen by the decrease in the mean number of deciduous teeth, shown in Table 2) and does not necessarily reflect a reduction in the percentage of teeth with decay with increasing age. Across all age groups very few children presented with teeth missing due to caries. The mean number of teeth with fillings increased across age groups, from 0.57 among 5-year-olds to 1.08 among 9-year-olds, before declining. The mean dmft showed a bipolar distribution, peaking for children aged 6 and 8, before declining.

The ratio of untreated decayed teeth to the total count of decayed, missing, and filled teeth serves as an indicator of how well a child's dental needs are being met. This is presented in Table 3 as the mean of individual children's d/dmft index.

The percentage of caries experience due to decay (mean d/dmft index) showed an age-associated decline, reducing by almost two-thirds from 77.5% among 5-year-olds to 27.5% among 12-year-olds. By comparison, the percentage of children with no recorded decay experience in the deciduous dentition (% dmft = 0) showed a more modest reduction from 59.9% among 5-year-olds to 40.9% among 8-year-olds before increasing to 66.3% for 12-year-olds.

The surface-level caries experience (see Table 4) shows approximately 60–80% higher caries experience (dmf) for 6–11-year-olds than when using tooth-level statistics. There were approximately 50–70% more clinically decayed surfaces across this age range than there were teeth with clinically detectable decay. General trends are similar to those indicated previously for analyses at the tooth level.

Table 2: Deciduous dentition – decayed, missing and filled teeth by age

Age	Children <i>n</i>	Teeth mean	Decayed (d)		Missing (m)		Filled (f)		dmft	
			mean	SD	mean	SD	mean	SD	mean	SD
5	71	19.07	1.19	1.99	–	–	0.57	1.74	1.76	3.26
6	145	17.22	1.03	1.77	0.01*	0.09*	0.86	1.75	1.90	2.75
7	161	14.12	0.61	1.05	0.01*	0.08*	1.12	1.87	1.74	2.32
8	137	12.26	0.86	1.38	0.01*	0.11*	1.01	1.60	1.88	2.19
9	179	10.80	0.62	1.11	0.01*	0.07*	1.08	1.76	1.70	2.20
10	130	9.16	0.38	0.76	–	–	0.97	1.46	1.35	1.82
11	100	6.28	0.33	0.82	–	–	0.59	1.13	0.93	1.43
12	43	4.33	0.20	0.48	–	–	0.68	1.22	0.88	1.38

* relative standard error \geq 40%

Table 3: Deciduous teeth – caries experience indices by age

Age	Teeth mean	Mean d/dmft index		dmft = 0	
		<i>n</i>	%	<i>n</i>	%
5	19.07	28	77.5	71	59.9
6	17.22	73	54.0	145	50.1
7	14.12	78	44.3	161	51.2
8	12.26	81	44.5	137	40.9
9	10.80	92	42.2	179	48.3
10	9.16	61	29.3	130	52.9
11	6.28	40	35.4	100	59.9
12	4.33	15	27.5	43	66.3

Table 4: Deciduous dentition – decayed, missing and filled surfaces by age

Age	Children <i>n</i>	Surfaces mean	Decayed (d)		Missing (m)		Filled (f)		dmfs	
			mean	SD	mean	SD	mean	SD	mean	SD
5	71	84.35	1.90	3.45	–	–	1.17*	3.99*	3.08	6.53
6	145	76.93	1.60	3.14	0.04*	0.46*	1.37	2.95	3.01	4.93
7	161	64.45	1.05	2.09	0.03*	0.39*	1.88	3.24	2.96	4.28
8	137	56.81	1.46	2.47	0.06*	0.54*	1.82	2.96	3.33	3.98
9	179	50.54	0.94	1.78	0.02*	0.30*	1.89	3.17	2.85	3.92
10	130	43.08	0.63	1.35	–	–	1.86	2.94	2.49	3.64
11	100	29.61	0.50	1.40	–	–	1.01	2.04	1.51	2.53
12	43	20.58	0.41*	1.28*	–	–	0.94	1.74	1.35	2.21

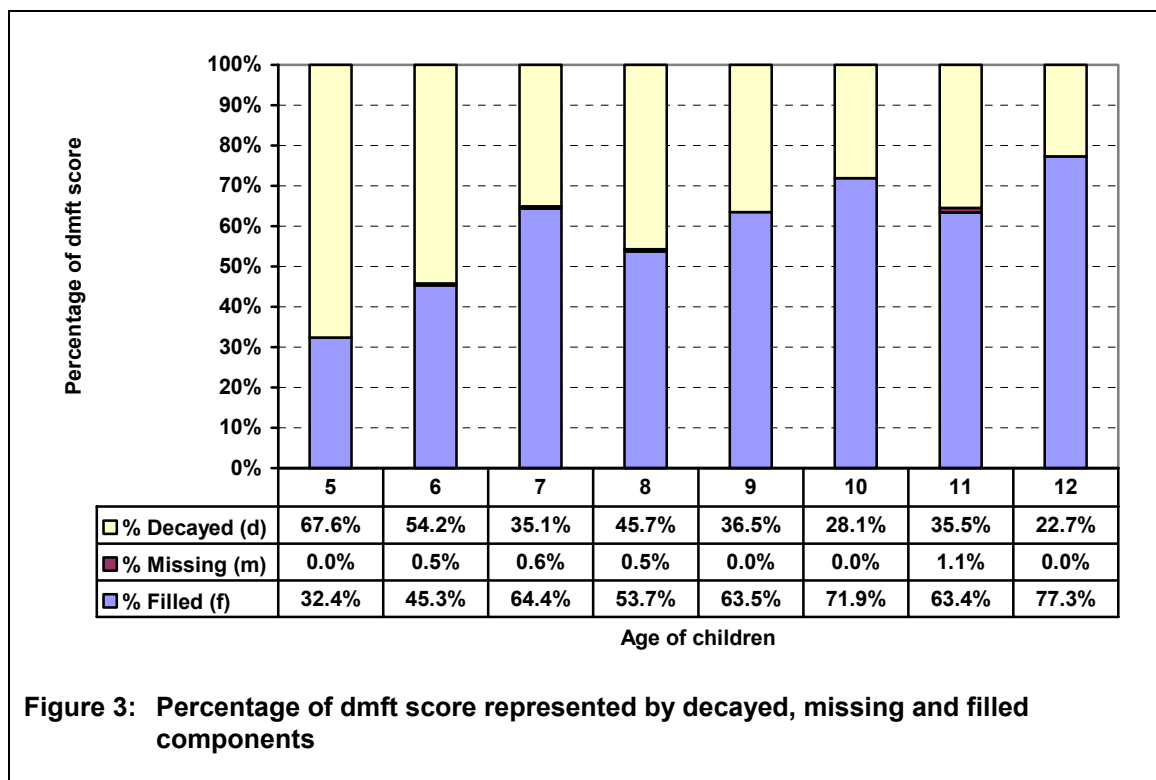
* relative standard error \geq 40%

The ratio of untreated decayed teeth to the total count of decayed, missing, and filled teeth can also be expressed as the ratio of total decay in the population to total decayed, missing or filled teeth in the population (d/dmft ratio), and this is presented in Figure 3. Unlike the mean d/dmft index, the d/dmft ratio refers to the proportion of teeth with caries in the population. Thus, the ratio for 6-year-olds indicates that, among 100 teeth with caries experience among 6-year-olds, 54.2% had untreated decay. The d/dmft ratio shows a similar pattern to that of the mean dmft index, with the percentage d/dmft reducing across increasingly older age groups, declining from 67.6% for the youngest children to 22.7% among 12-year-olds. The percentage of dmft accounted for by filled teeth shows the opposite trend, increasing from 32.4% for children aged 5 years old to 77.3 for 12-year-olds.

Changes since 1999

The mean number of clinically detectable decayed teeth and mean number of filled teeth were higher in 2000 for 5–10-year-olds than in 1999. Increases in mean detectable decay ranged from 17.3% for 7-year-olds (0.52 to 0.61) to 65.3% for 5-year-olds (0.72 to 1.19). Increases in the mean number of filled teeth between 1999 and 2000 were also appreciable, ranging from 18.7% for 9-year-olds (0.91 in 1999 to 1.08 in 2000) to 72.3% for 7-year-olds (0.65 to 1.12). These changes resulted in higher mean dmft scores in 2000 than in 1999 with the largest increase being 59.7% for 6-year-olds (1.19 to 1.90).

There were small to moderate reductions in d/dmft between 1999 and 2000 for most age groups and the percentage of children with dmft = 0 was lower for children aged up to and including 9 years in 2000 than in 1999.



Permanent teeth

Clinically detectable decay increased relatively consistently across the age range of 6–13 years from a mean of 0.08 to a mean of 1.27 (Table 5). The mean DMFT also increased across age groups, from 0.12 for 6-year-olds to 1.95 for children aged 13 years. To some extent, the age-related increase in D and DMFT scores reflects the increase in numbers of permanent teeth with age, from 4.03 for 5-year-olds to 26.08 for children aged 13 years old. However, there is also a significant increase in both clinically detectable decay and DMFT scores in the oldest age groups sampled despite a levelling off in the number of teeth present. The mean DMFT for 12-year-olds was 1.40.

The percentage of DMFT due to decay (mean D/DMFT index) and the percentage of children with no clinically detectable decay (DMFT = 0) generally declined across age groups, although a low-point can be seen for D/DMFT for children aged 12, after which D/DMFT begins to increase (Table 6).

The D/DMFT ratio, which refers to the proportion of teeth with caries experience having untreated decay, showed a similar trend to the mean D/DMFT index, declining from 66.7% for 6-year-olds to 54.9% for children aged 15 years old (Figure 4). Both the D/DMFT and F/DMFT ratios stayed relatively constant between the ages of 11 and 15.

The surface-level decay experience (DMFS) in the permanent dentition was higher than the respective mean decayed tooth scores, ranging from 3.3% among 10-year-olds to 36.2% among 13-year-olds (see Table 7). Up to the age of 12 there were approximately 15–40% more clinically decayed surfaces than decayed teeth, with the increase as great as 46% for the older children.

Changes since 1999

Increases in the mean number of clinically decayed permanent teeth occurred for children aged between 7 and 13 years of age with the largest increase being 146.2% for 9-year-olds (0.13 to 0.32). All but 9-year-olds demonstrated an increase in the mean number of permanent filled teeth. The mean DMFT increased for all children over the age of 7, except 14-year-olds, with the magnitude of the increase ranging from 33.3% among 8-year-olds to over 100% for children aged 7, 13 and 15.

There were decreases in D/DMFT for most age groups in 2000, compared to 1999. The percentage of children with DMFT = 0 also decreased for all but one age group between 1999 and 2000.

Table 5: Permanent dentition – decayed, missing and filled teeth by age

Age	Children <i>n</i>	Teeth			Decayed (D)		Missing (M)		Filled (F)		DMFT	
		mean	mean	SD	mean	SD	mean	SD	mean	SD		
5	23	4.03	0.04*	0.21*	–	–	–	–	0.04*	0.21*		
6	124	5.57	0.08	0.37	0.00	0.05*	0.04*	0.23*	0.12	0.43		
7	158	9.22	0.21	0.63	–	–	0.14	0.47	0.35	0.81		
8	137	11.18	0.17	0.48	–	–	0.11	0.41	0.28	0.62		
9	180	12.81	0.32	0.78	0.01*	0.08*	0.16	0.52	0.49	0.94		
10	144	15.71	0.30	0.68	0.03*	0.37*	0.46	0.83	0.79	1.19		
11	146	20.58	0.40	0.89	0.02*	0.17*	0.32	0.67	0.74	1.07		
12	89	23.86	0.64	1.62	0.04*	0.19*	0.72	1.26	1.40	2.54		
13	41	26.08	1.27	2.56	–	–	0.68	1.50	1.95	3.03		
14	39	27.41	0.87	1.47	0.03*	0.18*	0.55	0.98	1.45	2.12		
15	21	27.76	1.75	3.01	0.02*	0.13*	1.43	1.84	3.19	4.02		

* relative standard error $\geq 40\%$

Table 6: Permanent dentition – caries experience indices by age

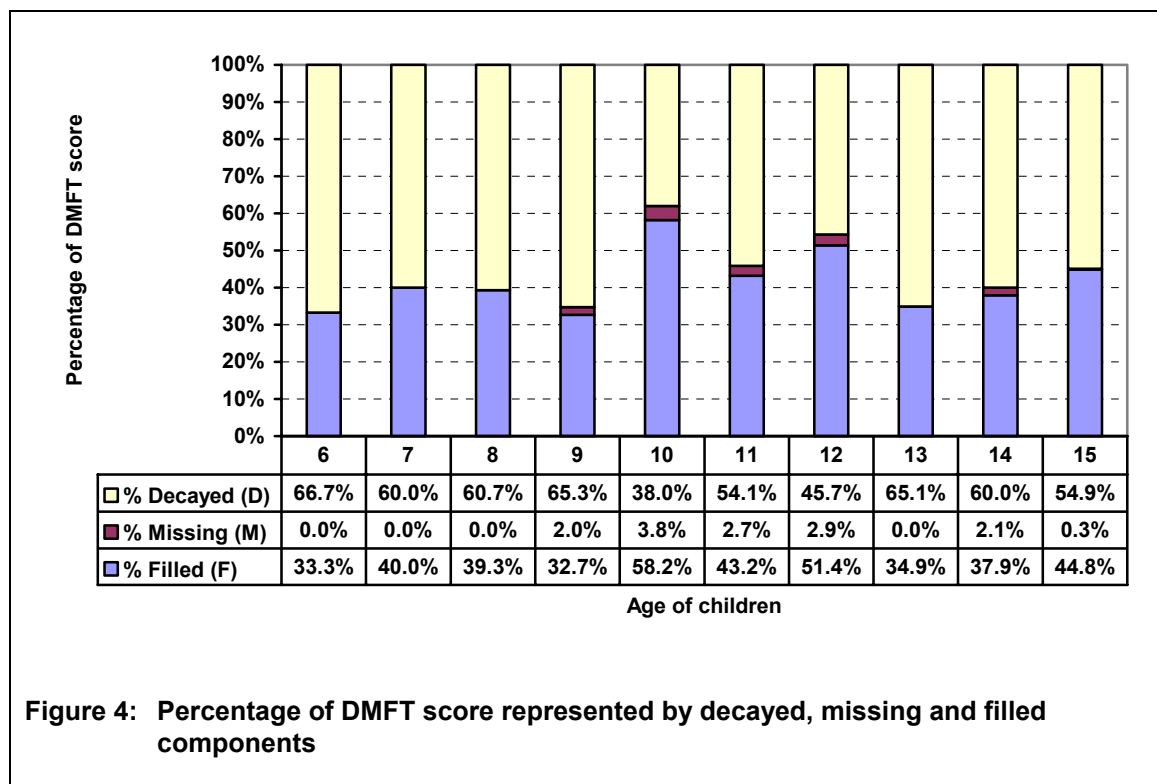
Age	Teeth	D/DMFT		DMFT = 0	
	mean	n	%	n	%
5	4.03	1	100.0	23	95.6
6	5.57	11	66.5	124	91.5
7	9.22	30	60.7	158	80.9
8	11.18	27	60.9	137	80.0
9	12.81	48	66.9	180	73.3
10	15.71	57	38.2	144	60.0
11	20.58	60	48.5	146	58.9
12	23.86	35	41.3	89	61.1
13	26.08	19	59.7	41	52.2
14	27.41	21	60.0	39	46.5
15	27.76	15	49.6	21	29.7

* relative standard error \geq 40%

Table 7: Permanent dentition – decayed, missing and filled surfaces by age

Age	Children	Surfaces	Decayed (D)		Missing (M)		Filled (F)		DMFS	
			mean	SD	mean	SD	mean	SD	mean	SD
5	23	17.67	0.04*	0.21*	–	–	–	–	0.04*	0.21*
6	124	25.16	0.08	0.37	0.01*	0.20*	0.05*	0.32*	0.14	0.52
7	158	40.59	0.24	0.81	–	–	0.22	0.81	0.46	1.19
8	137	48.86	0.21	0.65	–	–	0.13	0.48	0.34	0.82
9	180	55.82	0.36	0.93	0.03*	0.41*	0.19	0.72	0.58	1.30
10	144	69.02	0.31	0.75	0.17*	1.85*	0.59	1.03	1.07	2.25
11	146	92.25	0.43	0.96	0.07*	0.68*	0.38	0.81	0.88	1.36
12	89	107.77	0.72	1.81	0.19*	0.97*	1.03	1.87	1.94	3.74
13	41	118.76	1.73	3.66	–	–	1.10	2.55	2.83	4.70
14	39	124.97	0.93	1.54	0.16*	0.89*	0.73	1.15	1.82	2.78
15	21	126.76	2.02	3.59	0.08*	0.65*	2.57	3.66	4.67	6.12

* relative standard error \geq 40%



All teeth

Untreated caries in the combined deciduous and permanent dentitions ($d+D \geq 1$) existed for between 28.6% and 44.5% of children in the age range 5 to 14 years (Table 8). The greatest likelihood of detectable untreated decay was seen for 8-year-olds. However, the most extensive levels of untreated decay ($d+D = 4$ or more) occurred in the younger age groups with the percentage $d+D \geq 4$ generally declining with increasing age.

More than 96% of children in the age range of 5–13 had no deciduous or permanent teeth missing due to caries, with little variation across age categories. However, smaller percentages avoided fillings. The percentage of children without fillings declined to age 10 (48.0%), before increasing again. There was a similar pattern in the percentage of children with no caries experience in either deciduous or permanent dentition ($dmft+DMFT = 0$), declining from 58.9% at age 5 to 34.6% at age 8, then increasing to about 47% at ages 13 and 14.

Table 8: All teeth – age-specific caries experience

Age	Children <i>n</i>	d + D =						m+M = 0	f+F = 0	dmft+ DMFT = 0
		0	1	2	3	4	5+			
		%	%	%	%	%	%	%	%	%
5	71	61.1	9.5	11.5	4.9*	4.0*	9.0	100.0	85.1	58.9
6	145	59.5	14.5	10.3	4.0	3.1	8.7	98.9	67.8	47.4
7	161	58.3	20.4	9.3	8.5	1.7*	1.9*	99.4	63.8	45.2
8	137	55.5	20.0	8.3	6.6	5.5	4.0	98.8	56.0	34.6
9	180	59.2	18.0	8.9	8.0	1.2*	4.6	98.8	61.0	42.3
10	144	63.2	20.3	9.7	4.2	1.8*	0.8*	99.1	48.0	41.4
11	146	69.9	15.4	5.4	4.7	2.6	2.0*	98.8	65.1	44.7
12	89	71.4	14.5	4.5	1.8*	1.5*	6.3	96.2	63.9	56.8
13	41	62.6	3.2*	15.1	11.4	1.5*	6.1*	100.0	69.9	47.7
14	39	60.5	19.2	8.4*	4.3*	3.9*	3.7*	96.8	70.5	46.5
15	22	52.5	26.9	2.8*	0.0	0.0	17.8	98.4	49.1	30.9

* relative standard error \geq 40%

Changes since 1999

There was a decrease between 1999 and 2000 in the percentage of children with $d+D = 0$ for all children except 13-year-olds. Increases occurred in the percentages of children with $d+D=3$ and $d+D=5$. There were also decreases in the percentages $f+F = 0$, with decreases for all children except 9-year-olds and 13-year-olds. Overall, the percentage of children with $dmft+DMFT = 0$ decreased, with the largest reduction being for 8-year-olds (50.7% to 34.6%).

Fissure sealants

The mean number of fissure sealants generally increased in prevalence with increasing age up to the age of 12 years (see Table 9). There is evidence of preferential use of fissure sealants among those with caries experience: the prevalence of fissure sealants among children with some caries experience ($DMFT = 1+$) was generally greater than among those with no caries experience ($DMFT = 0$).

Changes since 1999

There were increases in the mean number of fissure sealants across almost all age groups, with the exception being for 13-year-olds. Increases ranged from only 4.8% among 11-year-olds to 94.0% among 14-year-olds. Both the percentage of caries-free children with a fissure sealant and the percentage of children with $DMFT > 0$ showed increases.

Table 9: Fissure sealants – age-specific experience

Age	Children	Sealants	Students with sealants				
			DMFT = 0		DMFT ≥ 1		
	<i>n</i>	mean	SD	<i>n</i>	%	<i>n</i>	%
6	145	0.05*	0.34*	135	0.9*	11	28.5
7	161	0.45	1.09	130	13.3	30	34.3
8	137	0.70	1.41	110	22.7	27	21.0
9	180	0.89	1.51	132	32.4	48	19.0
10	144	1.06	1.55	86	36.2	57	38.6
11	146	1.09	1.54	86	38.0	60	47.6
12	89	1.47	1.90	54	45.1	35	56.8
13	41	0.95	1.54	21	24.7	19	35.8
14	39	1.94	2.12	18	63.7	21	52.9
≥15	22	1.25	1.98	7	30.7	15	44.6

School Dental Service examinations

Table 10 describes the percentage of examinations in 2000 recorded as the first examination for a child in the ACT School Dental Service. As expected, the figure is highest for the youngest ages (6 years or less) with few children aged 7 years or more having had no previous examination. This pattern is expected and indicates that most patients are enrolled during their early school years.

Table 11 includes only children with previous examinations and indicates their distribution according to time since last dental examination. Between 60% and 70% of examinations of children aged between 6 and 8 occurred within 12 months of their previous examination, while approximately 50% of children aged between 9 and 12 had their last SDS examination within the previous year. Between 30% and 43% of examinations occurred 13 to 24 months previously. Approximately 10% of examinations occurred more than 2 years since the previous examination for these age groups.

Time since last examination was least for the youngest ages and highest among the older children: whereas 68.8% of 6-year-olds had an examination within the previous year this figure was only 35.5% for 14-year-olds. This can also be seen from the mean time since last visit, which increased from 10.44 months for 6-year-olds to 17.16 months for 14-year-olds.

Changes since 1999

There was a trend for more children to have a previous recorded examination in 2000 than in 1999. For children who had had a previous examination there was a consistent trend towards decreased time since their last examination with increases only for children aged 5, 12 and 15. While appreciable reductions occurred in the percentages of all age groups having had their previous examination within the last 6 months this was balanced out by reductions in the percentage having had their previous examination greater than 2 years prior.

Table 10: School Dental Service examinations – age-specific distribution

Age	Examinations <i>n</i>	Previous examination in School Dental Service		
		No %	Yes %	Unknown %
5	72	42.9	47.3	9.9
6	154	23.2	64.9	11.9
7	170	10.5	86.2	3.3
8	145	10.0	80.2	9.9
9	175	6.8	79.7	13.5
10	142	2.7	90.2	7.1
11	139	4.3	93.2	2.5*
12	87	3.7*	88.4	7.9
13	37	6.7*	74.8	18.5
14	33	6.8*	81.9	11.3
15	21	7.7*	64.6	27.6

* relative standard error $\geq 40\%$

Table 11: School Dental Service examinations – time since last visit

Age	Children <i>n</i>	Months since last visit					mean	SD
		0–6 %	7–12 %	13–18 %	19–24 %	25+ %		
5	34	9.1*	47.5	35.1	0.0	8.2*	12.74	6.30*
6	100	24.3	44.5	21.0	9.0	1.1*	10.44	5.70
7	146	19.5	43.7	26.1	6.1	4.6	11.72	6.14
8	116	14.3	48.0	27.4	4.9	5.4	12.07	5.92
9	139	10.9	41.3	29.8	7.5	10.5	13.63	7.72
10	128	12.1	38.6	31.3	7.9	10.2	13.69	7.19
11	130	10.5	39.1	28.7	12.0	9.6	14.52	8.68
12	77	6.7	44.4	31.5	7.8	9.6	14.12	6.99
13	28	8.5*	36.2	31.1	11.7*	12.6	15.52	8.25*
14	27	9.0*	26.5	32.9	7.4*	24.2	17.16	10.08*
≥ 15	13	2.7*	44.5	31.7	2.7*	18.6*	14.43*	8.70*

* relative standard error $\geq 40\%$

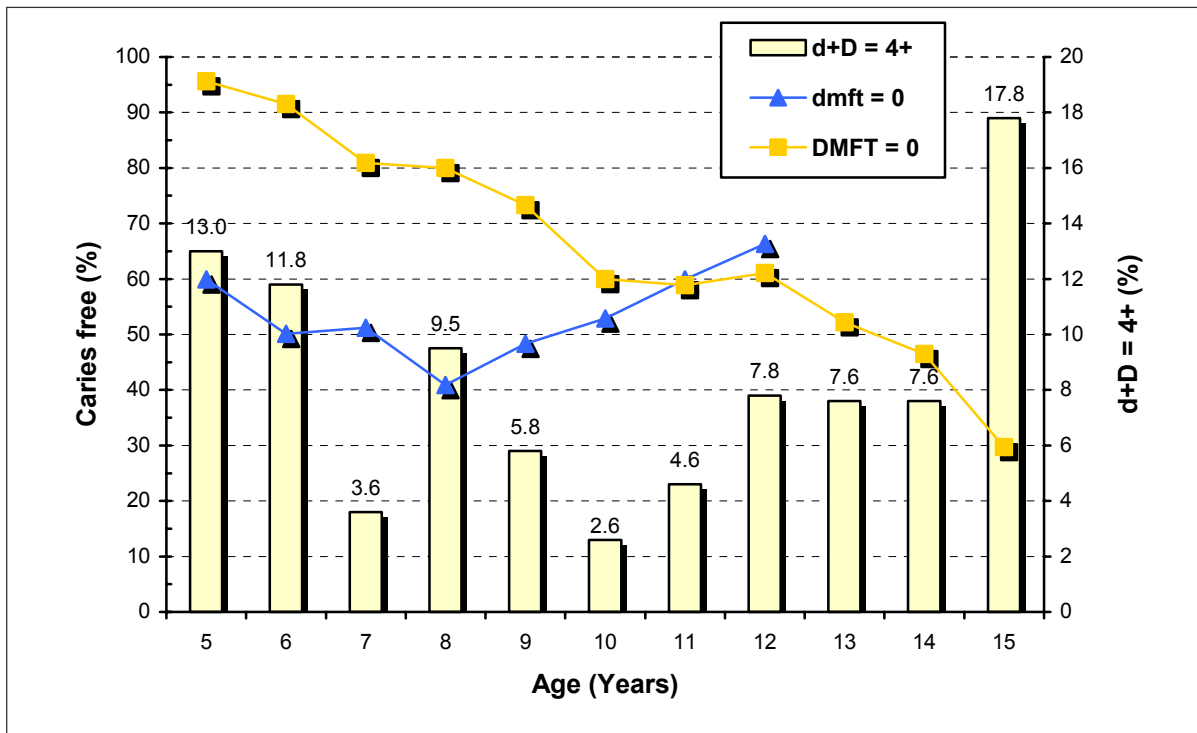


Figure 5: Percentage of children with dmft = 0, DMFT = 0 and d+D ≥ 4

Percentage of children with dmft = 0, DMFT = 0 and d+D ≥ 4

Figure 5 uses data from previous tables to describe the percentages of children with no detectable caries experience in the deciduous dentition (dmft = 0), no detectable caries experience in the permanent dentition (DMFT = 0) and with clinically detectable decay in 4 or more teeth in either the deciduous or permanent dentition (d+D ≥ 4). Trends across age groups should be interpreted in light of the exfoliation and eruption with age of deciduous and permanent teeth respectively.

Caries experience by geographical location

Tables 12 and 13 present caries experience data for each of the Statistical Subdivisions used in this report. Despite the homogeneity and small population of Canberra in comparison to some of the other Australian capital cities, variation can be seen in caries experience for both selected age groups across geographical areas. Among 5- and 6-year-old children, the mean number of decayed teeth in the deciduous dentition ranged from 0.37 in South Canberra to 1.29 in Belconnen/Gungahlin. The mean number of filled teeth was lowest in South Canberra (0.21) and highest in Tuggeranong (1.02). Mean dmft scores were also lowest in South Canberra (0.58) and highest in Belconnen/Gungahlin (2.14). The percentage of children with dmft = 0 was

highest in South Canberra (68.4%) and lowest in Belconnen/Gungahlin (43.9%) and Westorn Creek-Stromlo (45.8%).

Among 11–12-year-old children (Table 13), South Canberra had the lowest mean number of decayed teeth (0.11) while North Canberra had the highest score (mean = 0.53). For filled teeth, the highest mean score was again in North Canberra (0.92) with the lowest score in Belconnen/Gungahlin (0.40). North Canberra also had the highest mean DMFT (1.50) and the lowest percentage of children with DMFT = 0 (41.7%). The lowest mean DMFT among 11–12-year-olds was in South Canberra (mean = 0.67) while Belconnen/Gungahlin, South Canberra and Woden Valley had the highest percentage of children with DMFT = 0 (67.3%, 66.7% and 66.7% respectively).

Table 12: Deciduous caries experience for 5–6-year-old children by region

	Child.	Decayed (d)		Missing (m)		Filled (f)		dmft		dmft = 0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
North Canberra	47	0.85	1.40	0.00	0.00	0.81	1.45	1.66	2.34	48.9
Belconnen/Gungahlin	66	1.29	1.90	0.02	0.12	0.83	1.47	2.14	2.65	43.9
Woden Valley	25	0.76	1.79	0.00	0.00	0.68	1.49	1.44	2.45	60.0
West. Creek-Stromlo	24	1.08	1.93	0.00	0.00	0.42	0.72	1.50	2.19	45.8
Tuggeranong	45	0.91	1.72	0.00	0.00	1.02	2.59	1.93	3.69	62.2
South Canberra	19	0.37	0.68	0.00	0.00	0.21	0.63	0.58	1.07	68.4
Jervis Bay Territory	10	1.40	2.07	0.00	0.07	0.40	0.97	1.80	2.57	60.0

Table 13: Permanent caries experience for 11–12-year-old children by region

	Child.	Decayed (D)		Missing (M)		Filled (F)		DMFT		DMFT = 0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
North Canberra	36	0.53	0.77	0.06	0.23	0.92	1.11	1.50	1.48	41.7
Belconnen/Gungahlin	52	0.38	1.07	0.04	0.19	0.40	0.89	0.83	1.72	67.3
Woden Valley	21	0.24	0.62	0.10	0.44	0.43	1.12	0.76	1.22	66.7
West. Creek-Stromlo	15	0.33	0.62	0.00	0.00	0.53	0.74	0.87	0.99	46.7
Tuggeranong	66	0.41	1.14	0.00	0.00	0.48	1.00	0.89	1.71	60.6
South Canberra	18	0.11	0.32	0.00	0.00	0.56	1.10	0.67	1.08	66.7
Jervis Bay Territory	9	0.11	0.33	0.00	0.00	0.56	1.33	0.67	1.41	77.8