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The Child Dental Health Survey, Tasmania 2000

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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 Tasmania. Information listed in the report includes the age and sex of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants, immediate treatment needs, history of school dental service examinations and regional analyses.

The sections below also provide a simple, summary statement highlighting differences between the 2000 and 1999 findings. However, no formal hypothesis tests have been undertaken and descriptions of differences between years are intended as a guide to the reader rather than an evaluation of the significance of any trends.

Sources of subjects and sampling

The data for this report were collected during the 2000 calendar year from patients of the Tasmania Dental Service by dental therapists and dentists. A random sampling procedure was used to select slightly less than one in two (1:1.9) patients. This was achieved by selecting those children whose birthday fell on the first sixteen days of any month.

Data preparation

Data were collected and hand entered in Tasmania before forwarding to the AIHW Dental Statistics and Research Unit (DSRU) for analysis.

The data were cleaned prior to analyses to correct data recording and data entry errors. In addition to a visual check of a number of cases with erroneous data, a series of linear regressions of age on the number of deciduous, permanent and total teeth revealed numerous outliers with standardised residuals greater than 3 standard deviations from the mean. A visual check allowed many of these cases to be corrected where it was evidently a data recording error. A number of cases with apparent errors that could not be reconciled were removed from the data set.

Data analysis

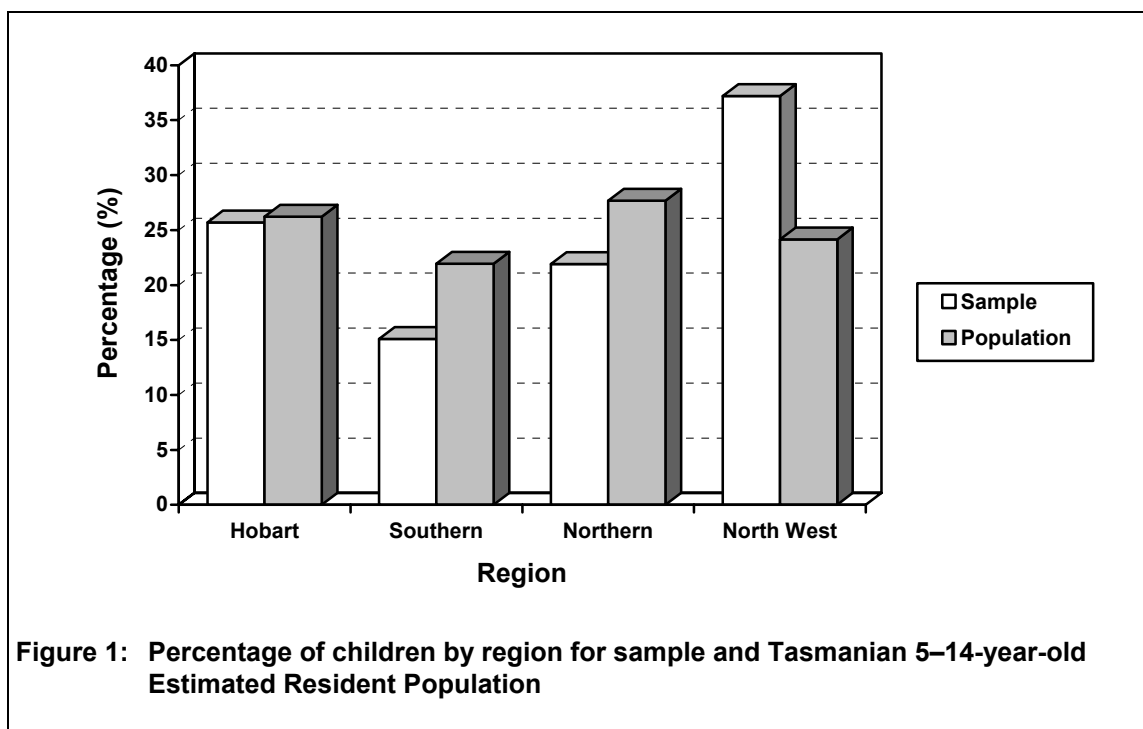
Data were weighted for all analyses to more accurately reflect the child population in Tasmania for 2000. Weights were applied according to region, as used by the Tasmanian Department of Health and Human Services. The Hobart region was taken to comprise the Statistical Local Areas of Hobart Inner, Hobart Remainder, Glenorchy and Clarence and included children from clinics in the Hobart, Glenorchy and Eastern Shore districts as well as several clinics from the Sorrel district.

Children from the Southern and Northern regions were initially under-represented in the sampling whereas children from the North West region were over-represented relative to actual population distribution (see Figure 1). Weighting was carried out so that the regional contributions for the study were proportional to the distribution of children aged 5–14 years in Tasmania as at 30 June 2000. Children aged 5–14 years of age comprised 85.2% of the 2000 sample.

All data were also weighted by months since last visit (which was used due to the under-representation of students on longer recall schedules in the sample). Again, this weighting protocol was adopted in order to obtain a sample with characteristics representative of those of the student population covered by the School Dental Service of Tasmania for 2000.

The purpose of the weighting protocol was to produce estimates that are representative of the population covered by the School Dental Service for 2000. However, the estimates in this report cannot be applied to children who are not enrolled in the Tasmanian School Dental Service. Consequently, the results in this report do not represent the complete Tasmanian child population, but only that portion of the population that is enrolled in the Tasmanian School Dental Service. In Tasmania, approximately ??% and ??% of pre and primary school children and secondary school children respectively are enrolled in the School Dental Service. Hence, estimates for primary school aged children in this report may not differ substantially from estimates that would be obtained if all children in the State were surveyed, however estimates for secondary school children may vary from those obtained if all the children in the State were surveyed.

All indices are calculated from data collected over a 12-month period. 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.



Demographic composition of the sample

There were a total of 6,562 people in the sample for 2000 (see Table 1). The majority of the children were aged between 4 and 15 years of age (94.7%) with the highest frequencies being for children aged between 5 and 11 years of age. This corresponds to the predominant ages of the primary school population. For all subsequent analyses children aged 1–4 years old were collapsed into a single group. Due to the very small number of children aged 16–18 years, statistics were not reported for these ages.

Males and females were represented in approximately equal proportions across the age. Weighting of the data did not produce appreciable differences in the age and sex composition of the sample, although there was a tendency for older children to be weighted up and for younger children to be weighted down in the analysis.

Changes in demographic composition since 1999

There was a large increase ($n = 940$, increase of 16.7%) in the number of children sampled in 2000, compared to 1999. The sex distribution across years was comparable.

Table 1: Demographic composition of the sample

Age	Children in sample				Children in sample (weighted)			
	Males	Females	Unknown	Persons	Males	Females	Unknown	Persons
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
1	8	10	0	18	9	8	0	17
2	36	43	0	79	30	37	0	67
3	119	119	0	238	107	105	0	212
4	199	224	1	424	182	211	1	394
5	341	314	1	656	330	294	1	625
6	282	311	0	593	266	288	0	554
7	337	303	0	640	314	303	0	618
8	315	305	0	620	318	294	0	612
9	305	269	0	574	299	264	0	563
10	295	284	1	580	317	296	1	614
11	278	261	1	540	280	274	1	555
12	258	205	1	464	267	214	1	482
13	203	206	2	411	221	220	2	443
14	164	197	0	361	191	218	0	409
15	173	179	1	353	188	194	1	383
16	4	3	0	7	4	7	0	11
17	0	1	0	1	0	1	0	1
18	1	2	0	3	1	2	0	2
Total	3,318	3,236	8	6,562	3,324	3,231	7	6,562

Deciduous teeth

Table 2 shows the age-specific caries experience in deciduous teeth for children up to 12 years of age. The mean number of clinically detectable decayed deciduous teeth decreased consistently, from 1.10 among the youngest children to 0.28 among 12-year-olds. In contrast, the mean number of filled teeth increased with age, from 0.11 for the youngest children to 0.97 for 9-year-olds, before declining for 11- and 12-year-olds due to the exfoliation of deciduous teeth. At age 11, children retained on average only 30% of the deciduous teeth that were present at age 5. Mean dmft increased from 1.25 at age ≤ 4 to 1.74 for 8-year-olds, before declining into the older age groups.

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. For those children up to the age of 4, 90.3% of their dmft score could be attributed to untreated decay. This figure declined systematically with increasing age so that by 12 years of age only 31.2% of children's dmft score was attributable to decay. The percentage of children up to the age of 9 with a dmft score of 0 declined with age. Approximately 66% of children up to the age of 4 had dmft = 0 while only 46.0% of children aged 9 had no clinically detectable caries experience.

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 2. Unlike the 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, 51.1% 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 88.0% for the youngest children to 29.5% among 12-year-olds. The percentage of dmft accounted for by filled teeth shows the opposite trend, increasing from 8.8% for children aged up to including 4 years old to 70.5 for 12-year-olds.

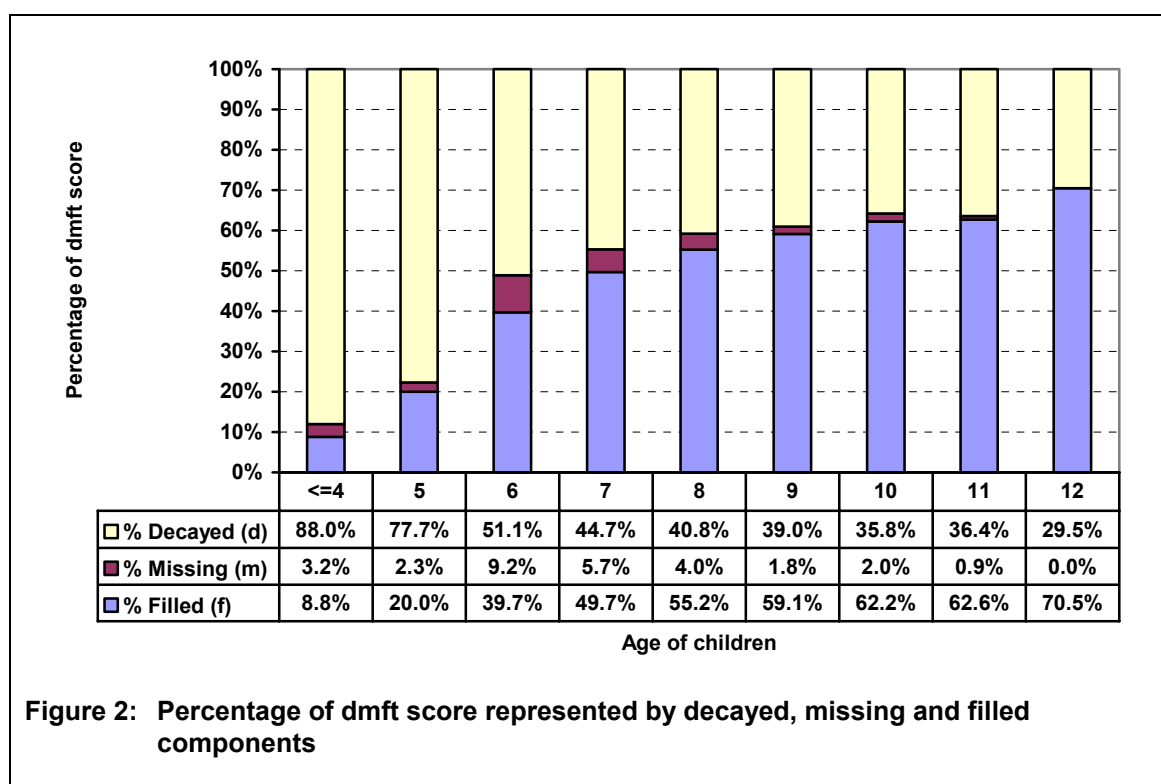
Table 2: Deciduous dentition – decayed, missing and filled teeth by age

Age	Children <i>n</i>	Teeth mean	Decayed (d)		Missing (m)		Filled (f)		dmft	
			mean	SD	mean	SD	mean	SD	mean	SD
≤ 4	686	19.58	1.10	2.12	0.04	0.38	0.11	0.65	1.25	2.32
5	621	19.44	1.01	2.09	0.04*	0.43*	0.26	0.89	1.30	2.41
6	552	17.40	0.89	1.64	0.16	0.98	0.69	1.50	1.74	2.67
7	615	14.28	0.71	1.37	0.09	0.49	0.79	1.60	1.59	2.32
8	610	12.32	0.71	1.37	0.07	0.50	0.96	1.68	1.74	2.33
9	554	10.79	0.64	1.22	0.03*	0.34*	0.97	1.61	1.64	2.16
10	576	8.73	0.53	0.97	0.03	0.26	0.92	1.55	1.48	1.99
11	414	6.30	0.39	0.92	0.01*	0.15*	0.67	1.24	1.07	1.63
12	257	5.27	0.28	0.66	0.01*	0.07*	0.67	1.12	0.95	1.35

* relative standard error $\geq 40\%$

Table 3: Deciduous teeth – caries experience indices by age

Age	Teeth	Mean d/dmft index		dmft = 0	
		mean	n	%	n
≤4	19.58	233	90.3	686	66.1
5	19.44	229	76.6	621	63.1
6	17.40	252	57.6	552	54.3
7	14.28	287	49.8	615	53.2
8	12.32	321	44.1	610	47.3
9	10.79	299	43.5	554	46.0
10	8.73	298	40.2	576	48.2
11	6.30	187	38.1	414	54.9
12	5.27	117	31.2	257	54.6



Changes in deciduous caries experience since 1999

In 2000, compared to 1999, the mean number of teeth with clinically detectable decay increased for all but 5- and 7-year-old children. Up to the age of 10 years, increases ranged from 12.3% (9-year-olds) to 15.8% (≤4 years). In contrast, only one age group showed an increase in the mean number of filled teeth with decreases ranging from 0.03 filled teeth for 7-year-olds (3.6%) to 0.23 filled teeth for 9-year-olds (19.7%).

Mean dmft scores showed inconsistent changes, increasing for children aged ≤4, 6, 8, 10 and 12, but decreasing for children aged 5, 7, 9 and 11. Despite this, the mean d/dmft index increased for all but 7-year-olds, with the biggest change for 9-year-olds where d/dmft increased from 34.1% to 43.5%. There were generally reductions in the percentages of children up to the age of 10 with no history of caries experience (dmft = 0). Decreases were observed for five age groups while two age groups showed increases. However, most changes in dmft = 0 were small, with the largest being a reduction of 5.9% for 10-year-olds (54.1% to 48.2%).

Permanent teeth

The mean number of decayed, filled and DMF teeth all increased in a fairly consistent manner across increasing age groups (see Table 4). The 12-year-old DMFT was 1.15. The percentage of DMFT due to decay (mean D/DMFT index) declined across age groups before stabilising between 43 and 50% from the age of 10 (see Table 5). The percentage of caries free children (DMFT = 0) declined regularly with increasing age, from 94.7% for children aged 5 to 56.9% for 12-year-olds, further reducing to 41.8% for 15-year-olds.

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 90.0% for 6-year-olds to 38.8% for children aged 15 years old (Figure 3). Both the D/DMFT and F/DMFT ratios stayed relatively constant between the ages of 10 and 15.

Changes in permanent caries experience since 1999

Changes in computed statistics for the permanent dentition showed few consistent trends. However, the increases in mean decay, filled teeth and DMFT occurred predominantly for children aged up to 11 while most decreases occurred among the older age groups. Mean DMFT in 12-year-olds was 14.8% lower in 2000 than in 1999. The percentage of children with DMFT = 0 was also inconsistent between 1999 and 2000, with increases for six age groups and decreases for five age groups.

Table 4: Permanent dentition – decayed, missing and filled teeth by age

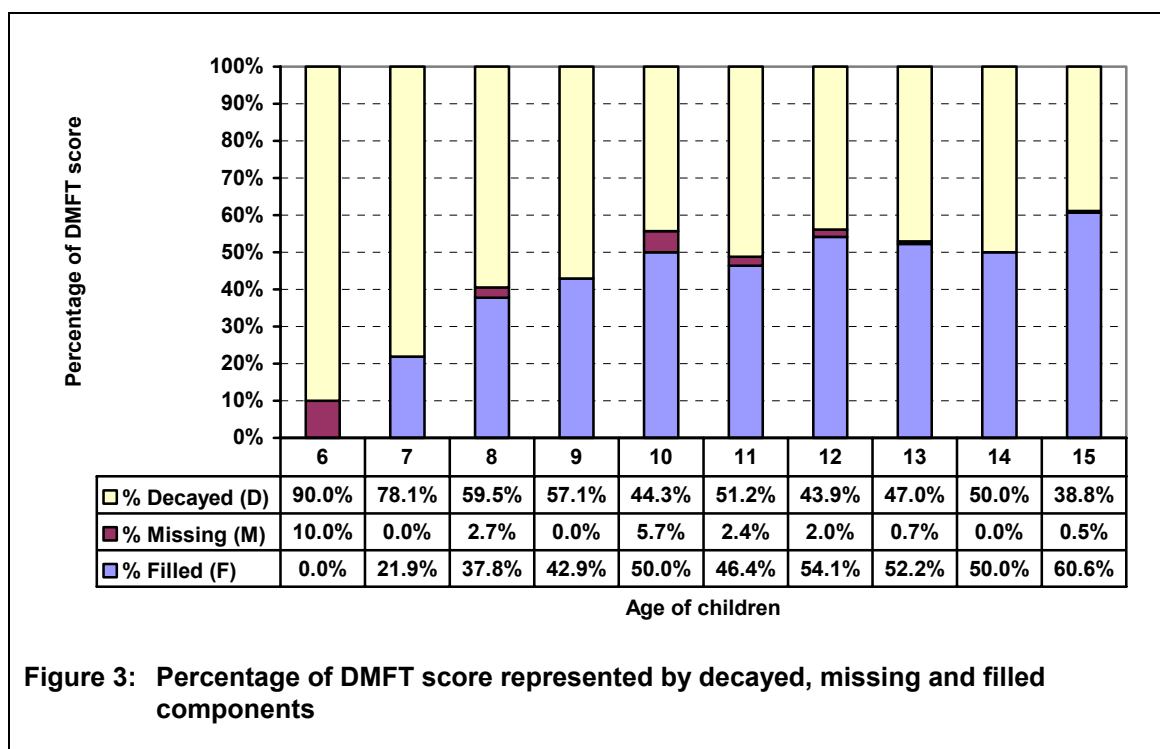
Age	Children <i>n</i>	Teeth mean	Decayed (D)		Missing (M)		Filled (F)		DMFT	
			mean	SD	mean	SD	mean	SD	mean	SD
5	158	3.67	0.10*	0.49*	–	–	0.01*	0.09*	0.10*	0.55*
6	435	5.46	0.09	0.42	–	–	0.00	0.05*	0.10	0.43
7	610	8.79	0.25	0.76	–	–	0.07	0.41	0.32	0.91
8	612	11.10	0.22	0.60	0.00	0.05*	0.14	0.53	0.37	0.80
9	563	13.03	0.28	0.75	0.00	0.07*	0.21	0.64	0.49	1.01
10	613	15.82	0.31	0.75	0.04	0.35	0.35	0.80	0.70	1.22
11	555	20.12	0.43	1.02	0.02*	0.29*	0.39	0.85	0.84	1.38
12	481	23.12	0.43	0.99	0.02*	0.34*	0.53	1.02	0.98	1.46
13	443	26.28	0.63	1.21	0.01*	0.17*	0.70	1.31	1.34	1.94
14	409	27.11	0.93	1.94	0.00	0.06*	0.93	1.68	1.86	2.77
15	383	27.39	0.73	1.34	0.00	0.15*	1.14	1.89	1.88	2.38

* relative standard error ≥ 40%

Table 5: Permanent dentition – caries experience indices by age

Age	Teeth	Mean D/DMFT index		DMFT = 0	
	mean	<i>n</i>	%	<i>n</i>	%
5	3.67	8	97.2	158	94.7
6	5.46	26	95.4	435	94.0
7	8.79	94	79.2	610	84.6
8	11.10	137	64.2	612	77.7
9	13.03	151	59.2	563	73.2
10	15.82	216	47.2	613	64.8
11	20.12	210	48.6	555	62.2
12	23.12	207	43.1	481	56.9
13	26.28	219	50.5	443	50.6
14	27.11	239	45.5	409	41.6
15	27.39	223	43.2	383	41.8

* relative standard error $\geq 40\%$



All teeth

It can be seen from Table 6 that untreated clinical decay in the combined deciduous and permanent dentitions ($d+D \geq 1$) existed for between 30.4% and 41.0% of children in any age group. The greatest likelihood of untreated decay occurred for 9-year-olds. However, the most extensive levels of untreated clinical decay ($d+D = 5$ or more) occurred in the youngest children.

While fewer than 5% of children in any age group had at least one deciduous or permanent tooth missing due to caries, considerably higher percentages presented with fillings. The percentage of children with fillings increased to 46.1% for 10-year-olds, decreased to 38.0% for 13-year-olds, and then increased again.

There was a reasonably consistent decline in the percentage of children with no caries experience in either the deciduous or permanent dentition ($dmft+DMFT = 0$), from 66.0% among the youngest children to 36.4% at age 10. The percentage varied between 46.5% and 39.4% among the older ages.

Changes in caries experience for all teeth since 1999

There were few consistent changes in the caries experience in the combined dentition between 1999 and 2000. The percentage of children with $d+D = 0$ decreased for more age groups than those experiencing increases, while the opposite occurred for $d+D = 4$ with seven age groups showing increases and only four age groups experiencing decreases. Most age groups showed increases in the percentage $f+F = 0$ while the percentage of children with $dmft+DMFT = 0$ increased for 5 age groups (5, 7, 13, 14 and 15 years) and decreased for 7 age groups ($\leq 4, 6, 8, 9, 10, 11$ and 12 years).

Table 6: All teeth – age-specific caries experience

Age	Children <i>n</i>	<i>d + D =</i>						<i>m+M = 0</i>	<i>f+F = 0</i>	<i>dmft+DMFT = 0</i>
		0	1	2	3	4	5+			
		%	%	%	%	%	%	%	%	
≤4	690	67.7	8.9	6.9	4.1	3.2	9.2	98.7	96.2	66.0
5	625	67.7	9.3	7.5	5.3	3.7	6.5	98.1	88.2	62.3
6	554	63.3	11.9	11.3	4.4	5.2	3.9	96.5	74.8	52.7
7	618	61.3	14.7	10.4	6.0	2.8	4.8	95.8	70.2	48.5
8	612	62.5	14.5	10.6	4.0	2.9	5.5	95.9	61.9	42.2
9	563	59.0	18.4	10.6	6.3	2.2	3.5	98.7	56.6	38.3
10	614	59.7	18.0	12.4	4.3	3.6	2.0	96.8	53.9	36.4
11	555	67.0	15.2	7.0	5.5	2.6	2.7	98.6	59.8	44.0
12	482	69.6	17.2	5.9	3.2	2.5	1.6	99.4	60.4	46.5
13	443	65.9	16.4	10.0	3.7	1.9	2.1	99.6	62.0	45.5
14	409	63.3	15.2	9.0	5.0	2.8	4.7	99.7	59.8	39.4
15	383	64.3	16.3	8.5	5.7	3.5	1.7	98.7	59.0	41.4

* relative standard error $\geq 40\%$

Fissure sealants

Data for fissure sealants are presented in Table 7. The mean number of fissure sealants increased with increasing age. In all age groups there was evidence of preferential use of fissure sealants among those with caries experience. For example, 21.8% of 12-year-olds with permanent caries experience (DMFT ≥ 1) had fissure sealants, compared with 12.9% among those with DMFT = 0.

Changes in fissure sealant experience since 1999

There were no consistent changes in the mean number of fissure sealants across age groups between 1999 and 2000. While increases occurred for children aged 8, 10, 13 and 14, there were decreases for children aged 9, 11, 12 and 15. Decreases in fissure sealant placement were seen in 9–13-year-old children while changes in the percentage of children with fissure sealants and DMFT ≥ 1 were inconsistent.

Table 7: Fissure sealants – age-specific experience

Age	Children <i>n</i>	Sealants		Students with sealants			
				DMFT = 0		DMFT ≥ 1	
		mean	SD	<i>n</i>	%	<i>n</i>	%
6	435	0.03*	0.34*	409	1.0	26	3.6
7	610	0.14	0.67	516	4.7	94	8.0
8	612	0.31	0.95	476	10.0	137	16.9
9	563	0.36	0.99	412	8.6	151	27.9
10	613	0.40	1.01	397	10.2	216	27.1
11	555	0.38	1.02	345	11.4	210	21.8
12	481	0.44	1.43	274	12.9	207	21.8
13	443	0.62	1.49	224	14.0	219	29.5
14	409	0.78	1.61	170	20.4	239	30.2
15	383	0.89	1.77	160	24.2	223	33.0

* relative standard error $\geq 40\%$

Immediate treatment needs

As shown in Table 8, only a small number of children were indicated as being in immediate need of treatment (less than 2.0% of the total sample). This classification is accorded to children who have, or who are likely to develop within four weeks, oral pain or infection. The mean dmft or DMFT of all children indicated for immediate treatment was appreciably higher than for the respective age group in the sample total.

Changes in immediate treatment needs since 1999

Comparisons between years are not reliable due to the small number of children classified as being in immediate need.

Table 8: Immediate treatment needs: age-specific distribution

Age	Children		dmft		DMFT		d+D =				
							0	1	2	3	4+
	<i>n</i>	%	mean	SD	mean	SD	%	%	%	%	%
≤4	10	1.5	2.63	1.77	–	–	14.2*	22.4*	0.0	26.6*	36.7
5	9	1.5	3.66	3.49	–	–	26.1*	0.0	35.2	0.0	38.8
6	10	1.8	3.17	1.83	0.26*	0.71*	10.4*	28.8	14.9*	13.0*	33.0
7	2	0.3*	1.52	–	–	–	0.0	48.0*	52.0*	0.0	0.0
8	11	1.8	4.92	2.86	0.52*	0.87*	0.0	50.3	16.8*	13.1*	19.8*
9	3	0.6*	4.60*	4.54*	0.28*	0.53*	0.0	44.6*	55.4	0.0	0.0
10	4	0.6	3.94	2.75	1.00*	1.16*	26.0*	0.0	50.0	24.0*	0.0
11	8	1.5	0.77*	1.48*	3.33	1.50	15.1*	14.0*	22.4*	0.0	48.6
12	15	3.1	0.31*	1.25*	1.39	1.05	13.5*	72.5	7.3*	6.7*	0.0
13	6	1.5	–	–	3.57*	3.77*	0.0	50.7	14.4*	0.0	34.8*
14	5	1.3	–	–	3.93	2.29	0.0	19.1*	80.9	0.0	0.0
15	3	0.7*	–	–	4.00*	3.86*	0.0	50.0*	0.0	0.0	50.0*

* relative standard error ≥ 40%

School Dental Service examinations

Table 9 describes the percentage of children who were new patients (having had no previous dental examination) in the Tasmanian School Dental Service. The figure was highest for the youngest ages (6 years or less) while no more than 7% of those aged 8 years or more had had no previous examination. This pattern is expected and indicates that most patients are enrolled during their early school years.

Table 10 refers only to children with previous examinations and indicates the time since their last dental examination. Approximately 20–35% of children in most ages received examinations within 7 to 12 months of their previous examination. A re-examination interval of 13–18 months years occurred for the majority of children (between 37.2% and 50.2% of 5–15 year-olds). Re-examination within 6 months was uncommon for all age groups while re-examination after a period of more than 18 months occurred increasingly among older children. Mean time since last examination ranged from 13.08 months for the youngest children to 18.29 months for 15-year-olds.

Changes in dental service examination patterns since 1999

Children in 2000, compared to 1999, had lower percentages of previous examinations with the School Dental Service. Of those school-aged children who had received a previous examination, there was an increase for almost all age groups (15-year-olds being the exception) in the mean time since last examination. This was reflected in a large increase in the percentages of children who had had their last examination 25+ months previously.

Table 9: School Dental Service examinations – age-specific distribution

Age	Children examined <i>n</i>	Previous examination in School Dental Service		
		Yes %	No %	Unknown %
≤4	721	29.7	69.9	0.4*
5	654	45.0	54.7	0.3*
6	593	79.0	21.5	0.5*
7	643	87.1	12.4	0.4*
8	625	93.3	6.1	0.5*
9	581	95.3	4.5	0.2*
10	598	94.0	5.1	0.9
11	536	95.0	4.1	0.9
12	477	97.0	2.9	0.1*
13	408	96.6	3.0	0.3*
14	367	96.7	3.3	0.0
15	346	97.3	2.7	0.0

* relative standard error ≥ 40%

Table 10: School Dental Service examinations – time since last visit

Age	Children	Months since last visit					mean	SD
		0–6	7–12	13–18	19–24	25+		
	<i>n</i>	%	%	%	%	%		
≤4	214	8.6	35.1	46.6	7.6	2.2	13.08	5.02
5	295	7.5	33.4	45.0	7.3	6.9	14.00	5.74
6	469	4.3	29.7	47.7	12.3	6.0	14.65	5.47
7	560	3.0	29.9	45.0	12.3	9.8	15.38	6.22
8	583	4.5	26.7	43.1	15.1	10.5	15.70	6.69
9	553	3.1	27.1	44.9	13.9	11.0	15.73	6.53
10	562	2.6	22.0	45.6	17.9	11.9	16.84	7.42
11	509	3.5	25.2	44.1	14.0	13.2	16.82	8.82
12	462	2.2	24.5	50.2	12.0	11.1	16.52	9.30
13	394	2.2	23.6	38.7	19.8	15.7	17.89	9.16
14	355	3.1	21.1	40.7	18.6	16.5	18.18	10.07
15	337	2.7	24.5	37.2	16.4	19.2	18.29	10.13

* relative standard error ≥ 40%

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

Figure 4 presents data contained in Tables 3, 5 and 6 and summarises percentage of children with no caries experience and the extent of more extensive untreated decay, represented by the percentage with d+D=4 or more.

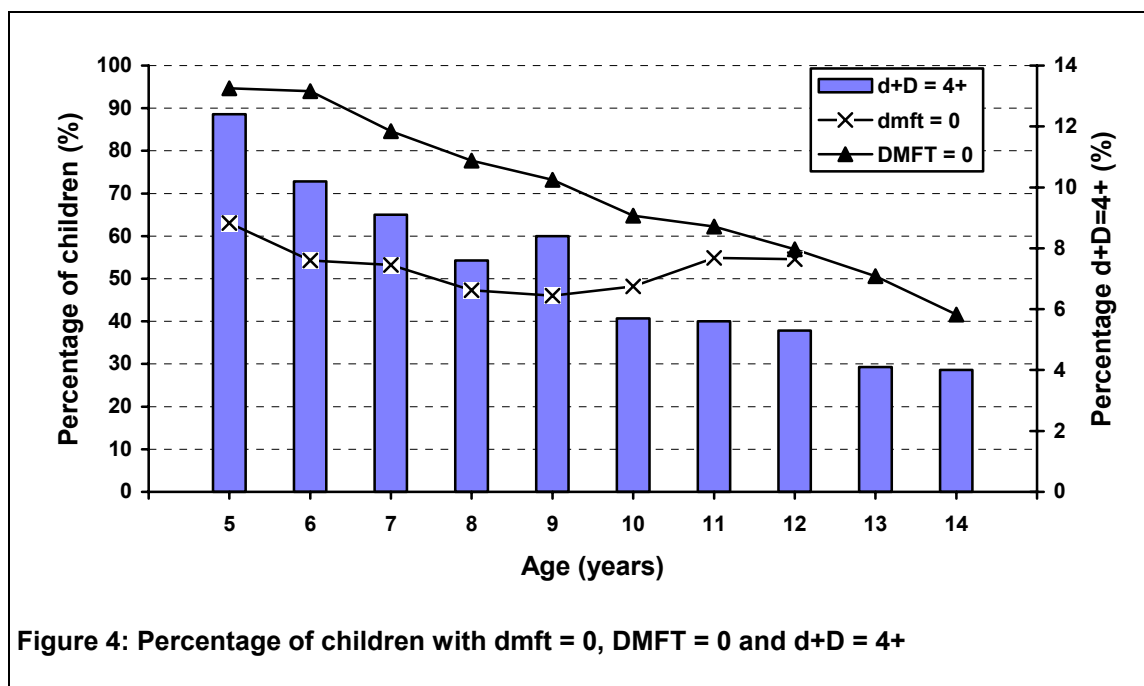


Figure 4: Percentage of children with dmft = 0, DMFT = 0 and d+D = 4+

Caries experience by geographical region

Table 11 presents deciduous caries experience data for each of the regions used in this report. Considerable variation can be seen in caries experience for the selected 5–6-year-old age group across geographical areas. Among these children, mean decay scores in the deciduous dentition ranged from 0.68 in Hobart to 1.00 in the Northern region. The mean number of teeth missing due to caries was highest in the Southern region while the mean number of filled teeth was highest in the North West region, the lowest being in Hobart. Mean dmft scores in the Southern, North West and Northern regions were approximately 50–80% of those in Hobart. Consistent with these findings, the highest percentage of 5-6-year-olds with no recorded caries experience was in Hobart while the lowest was in the Southern and North West regions.

Table 11: Deciduous caries experience for 5–6-year-old children by region

	Children	Decayed (d)		Missing (m)		Filled (f)		dmft		dmft = 0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
Hobart	317	0.68	1.71	0.04	0.58	0.32	1.03	1.04	2.18	66.6
Southern	187	0.89	1.72	0.30	1.87	0.37	1.09	1.56	2.80	59.9
Northern	277	1.00	1.86	0.04	0.36	0.58	1.38	1.63	2.42	54.9
North West	468	0.99	1.93	0.15	0.88	0.70	1.56	1.85	2.94	55.1

The mean number of clinically detectable decayed teeth in 12-year-olds (see Table 12) was highest in the North West region, with mean scores again lowest in the Hobart region. The mean number of filled teeth was highest in the Northern (mean = 0.78) and North West (mean = 0.73) regions and lowest in the Southern region (mean = 0.34). Mean DMFT scores were highest in the North West (mean = 1.44) and lowest in the Southern region (mean = 0.74). Approximately 67% of 12-year-olds in the Southern region had no history of caries experience in their permanent dentition, while only 46.6% of 12-year-old children in the North West region had a DMFT score of zero.

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

	Children	Decayed (D)		Missing (M)		Filled (F)		DMFT		DMFT = 0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
Hobart	134	0.28	0.68	0.05	0.61	0.46	1.00	0.80	1.39	64.2
Southern	70	0.40	0.91	0.00	0.00	0.34	0.80	0.74	1.25	67.1
Northern	114	0.31	0.77	0.00	0.00	0.78	1.22	1.09	1.47	54.4
North West	146	0.68	1.36	0.02	0.25	0.73	1.18	1.44	1.77	46.6