



Australian Government
 Australian Institute of
 Health and Welfare

AIHW Dental Statistics
 and Research Unit
 Research Report No. 27

Emergency care among adult public dental patients in Australia



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This report provides information on the use of emergency dental care among adult public dental patients during 2001-02. Persons eligible for public dental care generally are holders of government health cards, such as the unemployed and aged pensioners. These cardholders are a financially disadvantaged group of adults within the Australian population.

In this report the pattern of emergency dental care among adult public dental patients is investigated by sociodemographic characteristics and oral health status. Data are based on a total of 5,243 dental patients who were examined by the dental authorities in six states/territories of Australia, providing a representative sample of the public dental patients they treated during the 2001-02 period.

Age distribution of patients

Data presented in this publication were sourced from the Adult Dental Programs Survey 2001-02. The age distribution of patients by use of emergency care is presented in Table 1.

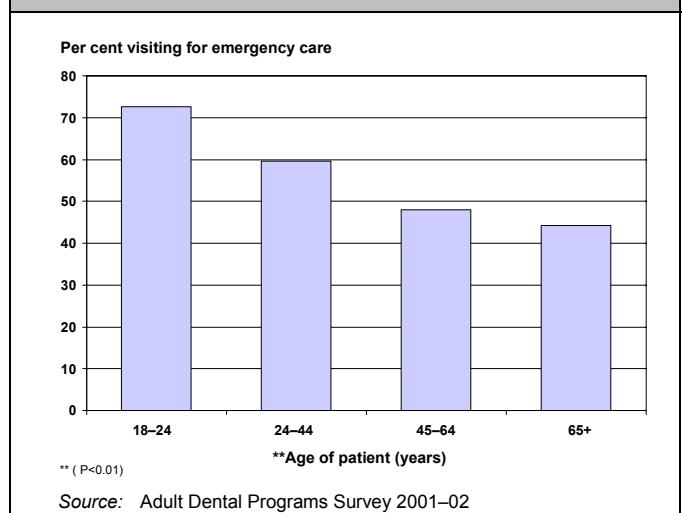
	Emergency care	General care
Age group		
18-24 years	10.3	4.3
25-44 years	36.3	27.1
45-64 years	48.0	33.3
65+ years	44.3	35.4

The age distributions for both emergency and general care patients showed high percentages of patients aged 45 years and older. However, emergency patients had a younger age distribution, with higher percentages aged 18-24 (10.3%) and 25-44 (36.3) years, than general patients (4.3% and 27.1% respectively).

Emergency care by age of patient

The percentage of patients visiting for emergency care within age groups is presented in Figure 1. There was a consistent pattern of emergency care by age, with higher percentages of emergency care among younger age groups of patients. Further analyses will present emergency care by sociodemographic characteristics and oral health status stratified by age of patient.

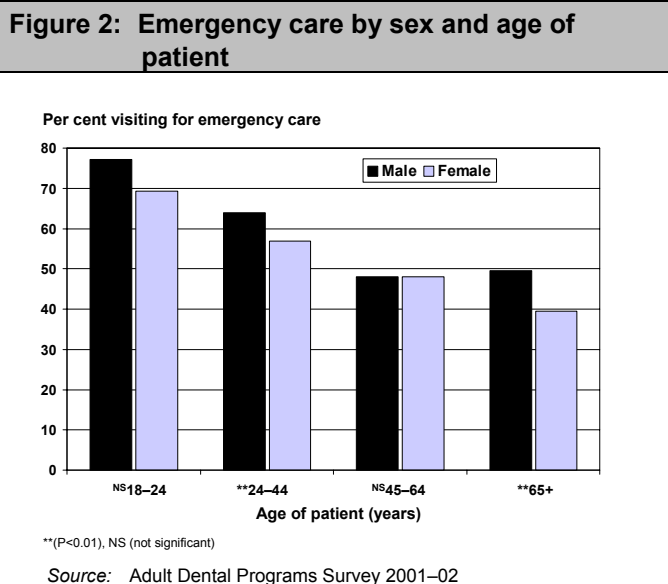
Figure 1: Emergency care by age of patient



Emergency care by sex of patient

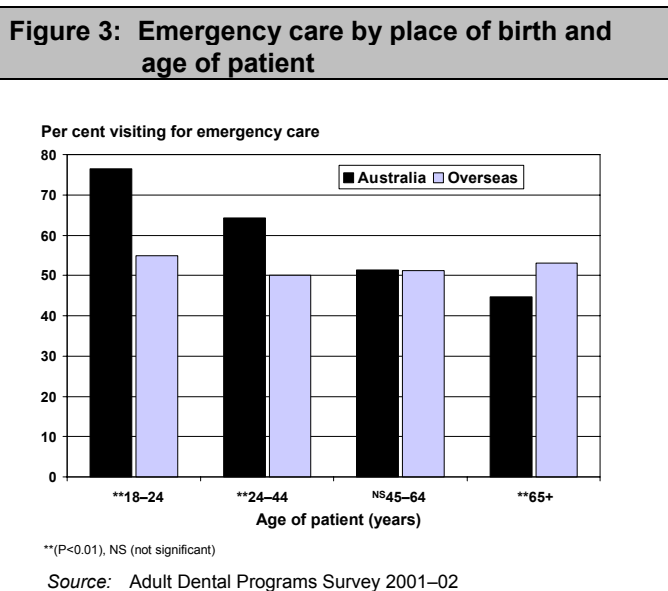
The percentage of patients visiting for emergency care by sex and age of patient is presented in Figure 2. Male and female patients exhibited similar patterns of emergency care by age, with higher percentages of emergency care among younger age groups of both male and female patients.

However, male patients tended to have higher percentages of emergency care within three of the four age groups, with significantly higher percentages of emergency care observed among male patients aged 25-44 years and 65+ years compared to female patients.



Emergency care by place of birth

The percentage of patients visiting for emergency care by place of birth and age of patient is presented in Figure 3. While Australian-born patients exhibited a pattern of higher percentages of emergency care among younger patients, there was little variation in emergency care by age among overseas-born patients.

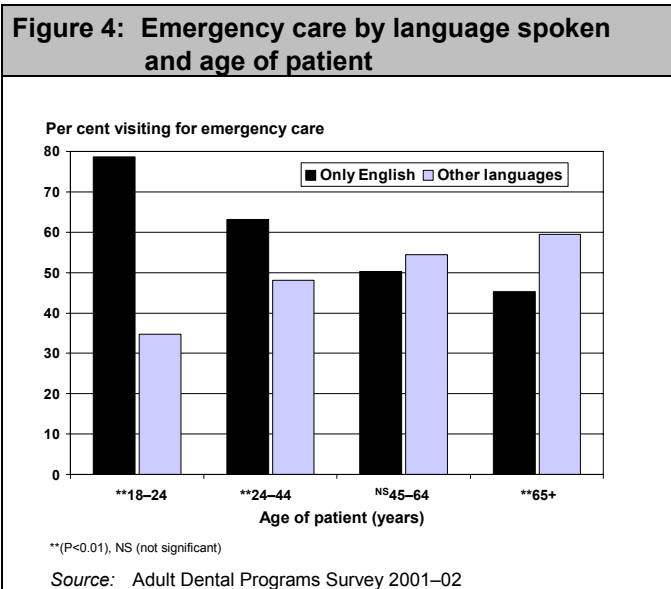


The contrasting age patterns of emergency care by place of birth resulted in Australian-born patients having significantly higher percentages of emergency care among younger patients aged 18-24 and 25-44 years. There was no difference in the percentage of emergency care by place of birth among 45-64-year-old patients. However, among patients aged 65 years or more, those who

were born overseas had a higher percentage of emergency care than Australian-born patients.

Emergency care by language spoken

Emergency care by language spoken and age of patient is presented in Figure 4. Those who spoke only English showed a pattern of higher percentages of emergency care among younger patients, while those who spoke languages other than English showed a pattern of higher percentages of emergency care among older patients. As a result, those who spoke only English had significantly higher percentages of emergency care in the age groups 18-24 and 25-44 years, while those who spoke languages other than English had higher percentages of emergency care among patients aged 65 years or more.

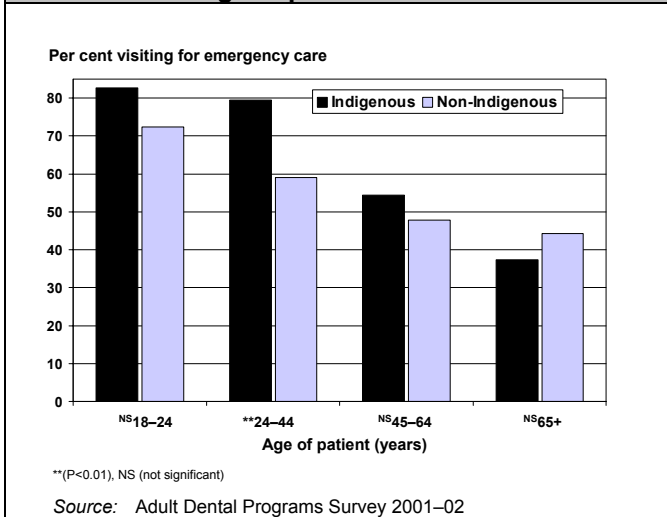


Emergency care by Indigenous status

Emergency care by Indigenous status and age of patient is presented in Figure 5. Indigenous and non-Indigenous patients exhibited similar patterns of emergency care by age, with higher percentages of emergency care among younger age groups of patients.

However, Indigenous patients tended to have higher percentages of emergency care than non-Indigenous patients within age groups of patients, with the exception of those aged 65 years or more. A significantly higher percentage of emergency care was observed among Indigenous patients aged 25-44 years compared to non-Indigenous patients.

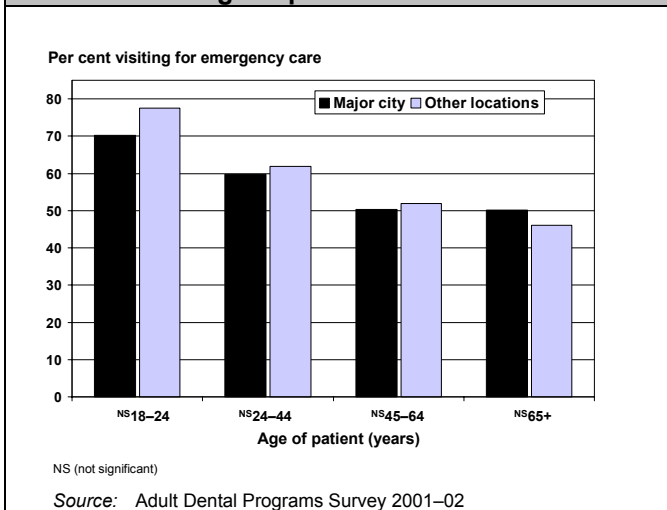
Figure 5: Emergency care by Indigenous status and age of patient



Emergency care by location

Emergency care by geographic location and age of patient is presented in Figure 6. Patients at both major city and other locations exhibited similar patterns of emergency care by age, with higher percentages of emergency care among younger age groups of patients. No significant differences were found by geographic location.

Figure 6: Emergency care by geographic location and age of patient

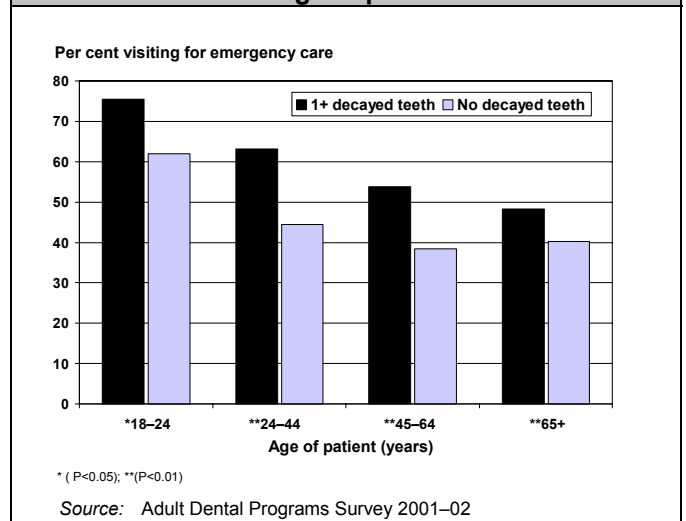


Emergency care by decayed teeth

Emergency care by decayed teeth and age of patient is presented in Figure 7. Patients with and without decayed teeth exhibited similar patterns of emergency care by age, with higher percentages of emergency care among younger age groups of patients.

Higher percentages of emergency care were observed for patients with decayed teeth in each age group compared to those with no decay.

Figure 7: Emergency care by number of decayed teeth and age of patient

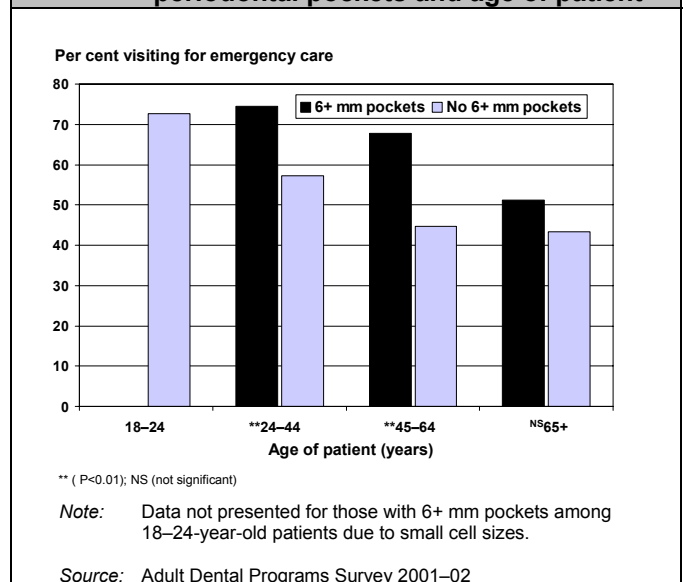


Emergency care by periodontal status

Emergency care by the presence of periodontal pockets of 6+ mm and age of patient is presented in Figure 8. Patients with and without 6+ mm pockets exhibited similar patterns of emergency care by age, with higher percentages of emergency care among younger age groups of patients.

However, patients with periodontal pockets of 6+ mm had higher percentages of emergency care compared to patients without periodontal pockets of 6+ mm in the age groups 25-44 years and 45-64 years.

Figure 8: Emergency care by presence of 6+ mm periodontal pockets and age of patient



Adult Dental Programs Survey

The Adult Dental Programs Survey is based on a random sample of patients attending for public-funded dental care. Dentists assessed oral health at the initial visit of a course of care using written instructions, but there was no formal calibration.

Caries experience was recorded using visual and tactile information (NIDR 1987). The Community Periodontal Index (WHO 1997) was recorded using a periodontal probe to measure pocket depth and detect subgingival calculus or bleeding. Emergency care was defined on the basis of relief of pain. Patients' declared birthplace was coded as 'Australia' or 'Overseas'. Whether a language other than English was spoken at home was coded as 'English' if English was the only language spoken at home or 'Other' if another language was spoken.

Data were weighted by the number of persons whose last dental visit was public-funded in the last year for 18+-year-olds from the National Dental Telephone Interview Survey to provide representative estimates for adults receiving public dental care by state/territory.

Scope of data

This report is based on data collected by the dental authorities in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

Sample size estimates were based on measures of oral health status from the 1995-96 Adult Dental Programs Survey (Brennan & Spencer 1997) to achieve estimates of key outcomes with a precision of 20% relative standard error or less. The total sample yield exceeded the target, thereby providing a sufficient sample size to achieve the desired level of precision.

Estimates based on users of dental services are by definition restricted to those persons who were able to access dental care during the survey period, and therefore may not necessarily be representative of the population eligible for public dental services who did not access dental care during this period.

Acknowledgements

The Population Health Division of the Australian Government Department of Health and Ageing assisted this research. The data were collected in collaboration with participating state/territory dental authorities.

References

- Brennan DS & Spencer AJ 1997. Prospective Adult Dental Programs Survey, 1995-96. Adelaide: DSRU.
- NIDR 1987. Oral health of United States adults. USA: US Department of Health and Human Services, National Institutes of Health.
- WHO 1997. Oral health surveys: basic methods. Fourth edition. Geneva: WHO.

Summary

- Overall, younger age groups of patients had higher percentages of emergency care.
- Male patients aged 25-44 and 65+ years had higher percentages of emergency care compared to female patients.
- Percentages of emergency care were higher for Australian-born patients aged 18-24 and 25-44 years, and overseas-born patients aged 65+ years.
- Indigenous patients aged 25-44 years had a higher percentage of emergency care compared to non-Indigenous patients.
- Higher percentages of emergency care were observed for patients with decayed teeth compared to those with no decay.
- Patients with periodontal pockets of 6+ mm had higher percentages of emergency care than patients without periodontal pockets of 6+ mm in the age groups 25-44 and 45-64 years.

© AIHW Dental Statistics and Research Unit, March 2006
AIHW Catalogue No. DEN 153
ISSN 1445-7441 (Print)
ISSN 1445-775X (Online)

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare, established in 1988 at The University of Adelaide and located in the Australian Research Centre for Population Oral Health (ARCPOH), School of Dentistry, The University of Adelaide. 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.

Published by:

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