

Inequalities in oral health

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Materials and Methods: An anonymous cross-sectional survey was conducted amongst SDH clinicians from one general and two specialist clinics between November and December 2022 following completion of DVRS training and prior to DVRS implementation. The survey consisted of 10 questions addressing clinicians' characteristics (demographic and educational history), their knowledge, perception, and previous experience responding to women disclosing DV. The study was approved by RPAH Ethics Committee.

Results: Thirty-two clinicians participated (73% response), with 56% aged 25-34, 47% with more than 10 years of clinical experience (32% 5-10 years and 22% less 5 years) and 60% were general dentists. Most participants (75%) reported they had previously managed DV disclosures, and 63% agreed that responding to DV disclosure was part of their role, but 79% were not at all or only slightly confident in responding to DV disclosure prior to DVRS training. Nearly 60% considered that more training was needed, and their concerns included dealing with an ambiguous situation (95%), engaging with women to complete the screening (79%), responding to DV disclosures (79%) and child protection mandatory reporter requirements (63%).

Conclusions: A large proportion of clinicians had previously managed DV disclosure prior to DVRS implementation and agreed that screening was part of their role but identified the need for more targeted training and support to increase their confidence in responding to DV and undertake DVRS.

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FC068

Bacteriological Quality of Water used for Drinking/Washing-Teeth in Southeastern Nigeria

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Aim or Purpose: Water is used for its numerous purposes including washing of teeth. Bacteriological deterioration of water has been reported as one of the major cause of water-borne disease globally. The presence of sugar in the mouth has been implicated with dental caries and other notable oral diseases. This study investigates the bacteriological quality of potable water used for drinking and mouth wash among subjects in parts of Southeastern Nigeria.

Materials and Methods: The study employed a descriptive cross-sectional design. Oral swab samples collected from volunteers was subjected to bacteriological examination. Potable water samples were also collected for bacteriological studies. Data analysis was done through descriptive and inferential statistics at 5% level of significance ($p < 0.005$)

Results: In Abia Central senatorial Zone, the bacteria isolated was *Enterococcus faecalis* (20.7%) followed by *Streptococcus mutans* (19%) abundance for oral swabs while *Enterococcus faecalis* (55.9%) followed by *Escherichia coli* (20.3%) was recorded for water samples. Abia North senatorial Zone recorded 18.1% *Streptococcus mutans* and 17.2% *Enterococcus faecalis* for oral swabs. *Enterococcus faecalis* (55.9%) and

20.3% *Escherichia coli* was recorded for water samples. Abia South senatorial Zone recorded 22.2% *Enterococcus faecalis* and 21.4% *Streptococcus mutans* in oral swabs while *Enterococcus faecalis* (55.9%) and *Escherichia coli* (20.3%) was recorded for water samples. There is a moderate (0.636) association between oral hygiene problems and bacteriological quality of water used in drinking/washing of teeth at $p < 0.05$.

Conclusions: This study concludes that microbiologically, the water samples are not of adequate quality. The presence of heterotrophic bacteria and coliforms in all the waters assessed imply that consumers of such waters are vulnerable and at risk of oral infections.

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FC069

Inequalities in oral health: The economic burden of dental caries

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Aim or Purpose: This study aimed to: determine the lifetime costs of preventing and managing of dental caries in five countries (Brazil, Germany, Indonesia, Italy, UK), and assess the impact on these costs from levelling up prevention and management across socioeconomic groups in the five study countries. We comment on plausible actions for stakeholders to better manage the burden presented by dental caries.

Materials and Methods: We conducted an evidence review, expert engagement via a group meeting and one-on-one expert interviews, alongside an economic evaluation. A cohort simulation model was developed, estimating the projected lifetime costs for a cohort aged 12 years old today, using national-level DMFT data and progression rates of dental caries through an individual's lifetime.

Results: Base on the preliminary analysis, the lifetime costs of dental caries represent a significant burden on individuals and health systems. The lowest socioeconomic groups in each country face the greatest health and economic burden from the disease. By targeting preventative interventions to reduce the incidence of dental caries, there is considerable potential for individual countries to improve oral health across their population.

Conclusions: This unique analysis of the economic costs of preventing and managing dental caries across socioeconomic groups in five countries supports policymakers in raising awareness of this important issue amongst their stakeholders. Prioritising the prevention of dental caries can be justified based on these data that quantify the benefit in economic terms and provides a broad agenda for action.

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