

ANALYSIS OF THE RELATIONSHIP BETWEEN LIFESTYLE AND ORAL HEALTH STATUS - IDENTIFICATION OF RISK FACTORS

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ABSTRACT

Aim of the study Oral health principles are fundamental to maintaining optimal oral and dental health. These principles include regular oral hygiene, a balanced diet, regular dental visits, and ongoing health education [4]. The importance of prevention and health education in dentistry is crucial to preventing oral diseases and maintaining good overall health. The aim of this study is to analyse in detail how different components of lifestyle influence oral health and to identify specific risk factors that can be addressed through preventive interventions. **Materials and methods:** Gathering data from the questionnaires completed by the participants. Conducting an oral assessment for each participant to assess oral health status (presence of caries, periodontal disease, oral lesions). Recording data in Excel and measuring risk in Epi Info or other appropriate statistical software. **Results** The preventive oral health habits invoked were: 46.59% use of fluoridated toothpaste, 29.55% regular visits to the dentist for professional hygiene and 12.5% confirm daily use of dental floss. The frequency of alcohol consumption was declared daily by 17.05%, several times a week by 30.68% and occasionally at most monthly by 23.86%, of which 4.55% consume more than three drinks per day, 1-2 drinks per day by 7.95%. **Conclusions** Our study brings to light critical aspects of oral health, relevant for the implementation of public health policies and programs aimed at reducing the negative impact of risk factors on the oral health of the population.

Key words: oral health, lifestyle, health status, risk factors

INTRODUCTION

Lifestyle plays a crucial role in oral health, influencing the risk of dental and gum disease. The way of living can be defined as the set of choices and behaviours that a person adopts in their daily life, including nutrition, physical activity, substance use, and personal and oral hygiene practices [1]. In the context of oral health, lifestyle includes oral hygiene habits, diet, and other behaviours that affect the health of teeth and gums [2]. Oral health refers to the overall health of the teeth, gums, and other tissues in the oral cavity. It includes the prevention and treatment of diseases such as

dental caries, gum disease (gingivitis and periodontitis), precancerous lesions, and oral cancer [3].

Oral health principles are fundamental to maintaining optimal oral and dental health. These principles include regular oral hygiene, a balanced diet, regular dental visits, and ongoing health education [4]. The importance of prevention and health education in dentistry is crucial to preventing oral diseases and maintaining good overall health.

The principles of oral health

Regular oral hygiene by cleaning your teeth and gums daily by brushing and flossing, you

prevent the build-up of plaque, the main risk factor for gum disease and cavities [4, 5].
Balanced diet: Eating foods rich in essential nutrients, such as fruits, vegetables, and lean proteins, helps maintain healthy teeth and gums [6]. Limiting your intake of sugars and fermentable carbohydrates reduces the risk of tooth decay. Regular dental visits: are essential for early identification of dental problems and their prompt treatment, these visits include professional cleanings and a detailed oral health examination [4]. Fluoridation prevention: Using fluoridated toothpaste and applying fluoride in the dental office helps strengthen enamel and reduce the risk of cavities [7,8].

Characteristics of a healthy lifestyle

A healthy lifestyle is characterized by the following aspects [9]: i) balanced diet: consuming foods rich in nutrients essential for healthy teeth and gums, such as fruits, vegetables, lean proteins and dairy products [10].

ii) rigorous oral hygiene: regular brushing, flossing, and rinsing with mouthwash to remove plaque and prevent cavities and gum disease [5]; iii) avoiding risk factors: quitting smoking and limiting alcohol consumption, which are associated with an increased risk of oral cancer, periodontitis, and other dental conditions [1]; iiiii) regular physical activity: exercise helps maintain good overall health, including the immune system, which plays a crucial role in fighting oral infections [11].

Importance of a healthy lifestyle for oral health

A healthy lifestyle, which includes a balanced diet rich in essential nutrients and rigorous oral hygiene, is essential in preventing these conditions. In addition, educating patients about the importance of regular dental visits and proper dental hygiene can contribute to the early diagnosis and

effective management of dental conditions [12]. Promoting a healthy lifestyle and proper oral hygiene practices are essential pillars in maintaining oral health and preventing severe dental pathologies such as caries, noma and edentulism. Continuing education of patients and dental professionals plays a crucial role in this process, ensuring appropriate dental care and improving the quality of life of patients. A healthy lifestyle is vital for maintaining good oral health for several reasons [14-16]: preventing tooth decay, gum disease, reducing the risk of oral cancer and improving overall health.

Adopting appropriate oral hygiene practices, a balanced diet and avoiding risk factors such as smoking and excessive alcohol consumption are fundamental for the prevention of dental and gum diseases. Continuing education and promoting a healthy lifestyle among the population can have a significant impact on oral health globally.

Risk factors in oral health

Risk factors in oral health are a major concern in the dental field, having a significant impact on the general health of individuals. These risk factors can influence the development and progression of dental and periodontal diseases, contributing to the deterioration of dental structures and supporting tissues of the teeth. In this context, global research has identified and analysed various aspects that can increase the vulnerability of patients to oral diseases.

Poor oral hygiene: failure to brush and floss regularly can lead to plaque build-up and, subsequently, to the formation of dental caries and periodontal disease. Studies show that poor oral hygiene is associated with an increased prevalence of gum disease and tooth loss in the general population [9, 16].

High diet in sugars and fermentable carbohydrates: excessive consumption of

sweets, acidic beverages, and processed foods can increase oral acidity, favoring the demineralization of tooth enamel and the development of cavities. These foods contribute to the formation of plaque and the proliferation of cariogenic bacteria in the oral cavity [17].

Smoking: cigarette smoke contains toxic chemicals that irritate gum tissue, reduce blood flow to the gums, and impair the body's ability to fight bacterial infections. Smokers are at increased risk of developing severe periodontal disease and premalignant and malignant oral lesions, such as oral cancer [1, 18].

Alcohol: is also a major risk factor for oral health, especially when consumed in excess and over the long term. Regular and heavy alcohol consumption can dry out the oral mucosa, increasing the risk of periodontal disease and oral cancer [1, 19, 20].

Poor oral health education and lack of access to dental services: are also critical factors contributing to the increasing prevalence of oral diseases in various communities. Populations with limited resources or from disadvantaged areas are often at higher risk due to lack of information and limited access to preventive dental care [21].

Identifying and managing oral health risk factors is a priority for the prevention and control of dental and periodontal diseases in the population. Addressing these factors through appropriate education, promotion of oral hygiene, and reduction of exposure to risk behaviours can significantly contribute to improving oral health globally. The aim of this study is to analyse in detail how different components of lifestyle influence oral health and to identify specific risk factors that can be addressed through preventive interventions. By assessing dietary habits, consumption of harmful substances, oral hygiene practices and physical activity levels, this study will provide

valuable information for the development of effective strategies to promote oral health among the population.

MATERIALS AND METHODS

The study aims to investigate how different aspects of lifestyle influence the oral health of individuals, identifying relevant risk factors in this context.

Research objectives:

1. Identifying dietary habits and their impact on oral health: analysing the subjects' dietary patterns and evaluating how they influence the risk of dental caries, periodontal diseases and other conditions.

2. Exploring beverage consumption and its effects on oral health: investigating the consumption of sugary drinks, acidic drinks and alcohol and evaluating their impact on the integrity of tooth enamel and gums.

3. Studying smoking habits and the risk of oral diseases: evaluating the relationship between smoking and the occurrence of premalignant and malignant oral lesions, as well as the influence of smoking on the immune response and gum health.

4. Evaluation of the role of oral hygiene and regular visits to the dentist: study of the contribution of adequate oral hygiene and the frequency of visits to the dentist in maintaining oral health.

Methodology

The study was a cross-sectional observational research study. Research period: January-March 2024

The study used two evaluation methods:

Section I: oral evaluation in which we aimed to: presence of dental caries (evaluation of the presence and severity of caries on the tooth surfaces), gum condition (gingivitis, periodontitis), oral soft tissue condition (lip, cheeks, tongue and palate, lesions, ulcers or other abnormalities, injury, irritation, or infection), temporomandibular joint (TMJ)

status (assessing the function of the temporomandibular joint to detect associated dysfunction or pain)

Section II: oral hygiene status: Assessing the effectiveness of participants' oral hygiene, including brushing, flossing, and other cleaning practices.

Section III: questionnaire survey that included questions about: Demographics: age, gender, background, education level, dietary patterns (frequency of consumption of sweets, fermentable foods, snacks, etc.), consumption of sugary drinks, acidic drinks, and alcohol, smoking history and amounts of alcohol consumed, frequency and reasons for dental visits

Sample selection:

Choosing a representative sample of the target population of adults aged 18 to 60 years to participate in the study.

Study participants were randomly selected from four dental practices, and were asked to participate in the study and provide informed consent and a questionnaire completed in a personal interview.

Data collection:

Gathering data from the questionnaires completed by the participants. Conducting an oral assessment for each participant to assess oral health status (presence of caries, periodontal disease, oral lesions). Recording data in Excel and measuring risk in Epi Info or other appropriate statistical software.

Data Analysis:

Using Epi Info to analyze data collected from questionnaires and oral assessments. Applying statistical methods to identify correlations between risk factors and oral health status.

RESULTS AND DISCUSSIONS

The sample consisted of 88 subjects with an average age of 58.3 years, aged between 19 and 82 years, they were predominantly female 58% (figure 1), from urban areas 58% (figure 2.), 44% with high school or vocational school education, 39% with higher education, college graduates or masters (Fig. 1).

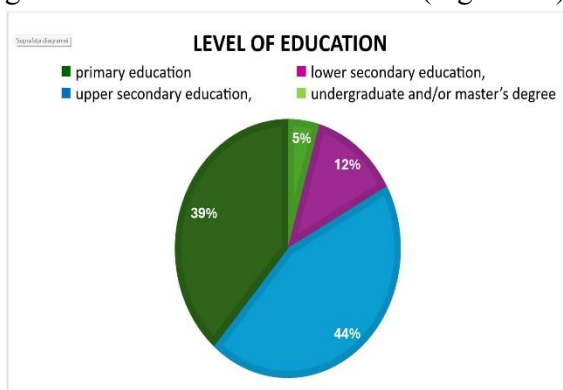


Figure 1. Level of education

From section of the sample studied, 71.59% stated that they frequently consume foods high

in sugar and processed carbohydrates. This trend is alarming in the context of oral health, as foods high in sugar can increase the risk of tooth decay and other dental problems such as gingivitis. 59.09% frequently consume foods high in protein and fibres. Adequate protein and fibres intake can have a positive impact on overall health, including oral health, by supporting better dental hygiene and gum health. 26.15% frequently consume fresh fruits and vegetables. Consuming fresh fruits and vegetables is essential to ensure adequate intake of nutrients and vitamins essential for oral health, such as vitamin C which helps maintain healthy gums. Previous studies reveal the following aspects reveal the impact of sugar consumption on oral health: frequent consumption of foods and beverages high in sugar is associated with an increased risk of tooth decay. Sugar in food reactivates bacteria in dental plaque, which produce acids that erode tooth enamel [22, 23].

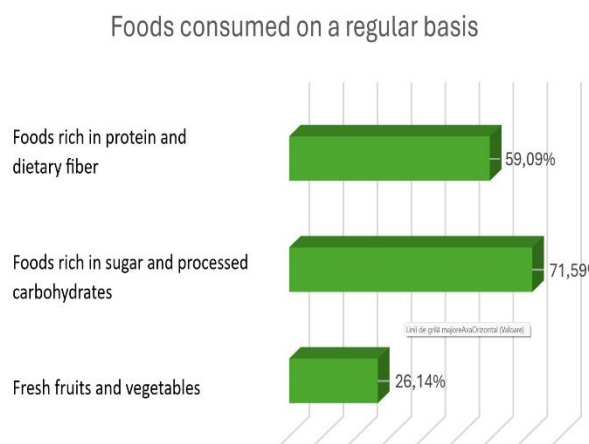


Figure 2. Foods consumed on a regular basis

A balanced diet that includes protein and fibres can help reduce gum inflammation and maintain healthy dental hygiene. Fibres stimulates salivation, which helps wash away food particles and neutralize acid in dental plaque [24]. Regular consumption of fresh fruits and vegetables provides essential nutrients, such as vitamins and minerals, that support gum health and improve the body's resistance to oral infections [25]. Regarding the frequency of consumption of sweets and pastries among the studied subjects, 48.86% consume these products daily, 26.14% several times a week and 25% occasionally, once a month or less. 52.27% of subjects say they consume sweet drinks and carbonated drinks, 31.82% consume them daily and 15.91% occasionally.

Subjects state that 56.82% do not eat snacks, 30.68% eat biscuits, chips or other snacks and highly processed packaged foods, and 12.50% eat fresh fruits or vegetables between meals. The preventive oral health habits invoked were: 46.59% use of fluoridated toothpaste, 29.55% regular visits to the dentist for professional hygiene and 12.5% confirm daily use of dental floss. The frequency of alcohol consumption was declared daily by 17.05%, several times a

week by 30.68% and occasionally at most monthly by 23.86%, of which 4.55% consume more than three drinks per day, 1-2 drinks per day by 7.95%.

According to a report published by the World Health Organization (WHO), in Europe, approximately 10-15% of men and 3-5% of women consume alcohol daily. Thus, the percentage of 17.05% obtained in the study is above the average reported at European level, suggesting a relatively high daily consumption compared to other studied populations [26]. The specialized literature shows that in many European countries, a significant percentage of the population consumes alcohol several times a week. For example, a study from France showed that approximately 35% of adults consume alcohol several times a week, which is similar to the percentage of 30.68% reported in this study [27]. Occasional alcohol consumption is commonly reported in many countries. According to Eurostat data, approximately 20–30% of Europeans consume alcohol occasionally, which is consistent with the 23.86% reported in this study [28]. A study published in the journal *Alcohol and Alcoholism* suggests that 4-7% of European drinkers drink excessively, i.e., more than three drinks per day. The 4.55% reported in this study is in line with these estimates, indicating excessive drinking in a small but significant segment of the population [29]. Moderate alcohol consumption is common and is often associated with beneficial health effects, such as a reduced risk of cardiovascular disease. According to a study published in *The Lancet*, approximately 8-10% of Europeans drink moderately, which is very similar to the 7.95% reported in this study [30]. Comparing the data obtained in this study with those in the literature, we note that the frequency of alcohol consumption in this specific group is comparable to trends reported

at European level. Daily and occasional consumption are consistent with general data, and heavy and moderate consumption are in line with estimates from other studies. Daily tobacco use is reported by 61.36%, 3.41% several times a week and 1.14% occasionally. 23.86% of smokers report being smokers for 10 to 20 years, 13.64% for over 20 years, 17.05% for 5 to 10 years and 10.23% for under 5 years [31, 32].

According to the 2019 World Health Organization (WHO) report, in Europe, the prevalence of daily tobacco use varies significantly between countries, but the European average is around 28%. In countries with high smoking rates, such as Bulgaria and Greece, the prevalence can exceed 40%. The percentage of 61.36% obtained in the study is extremely high compared to the European average and even compared to countries with the highest smoking rates [27, 28]. The literature indicates that a significantly smaller percentage of people smoke occasionally or a few times a week compared to daily smoking [33]. For example, studies show that only about 10% of smokers smoke occasionally or a few times a week in Europe (Fig 1., 2.).

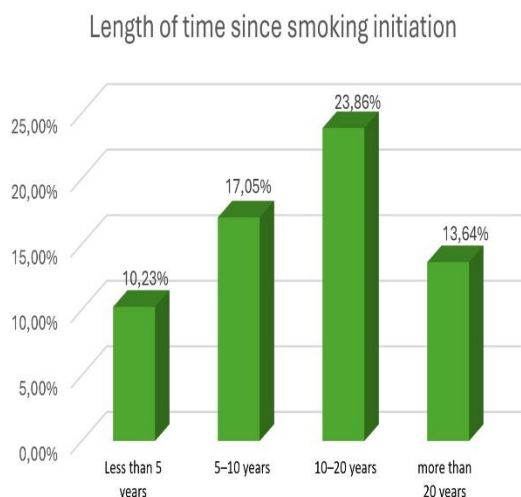


Figure 3. Length of time since smoking initiation

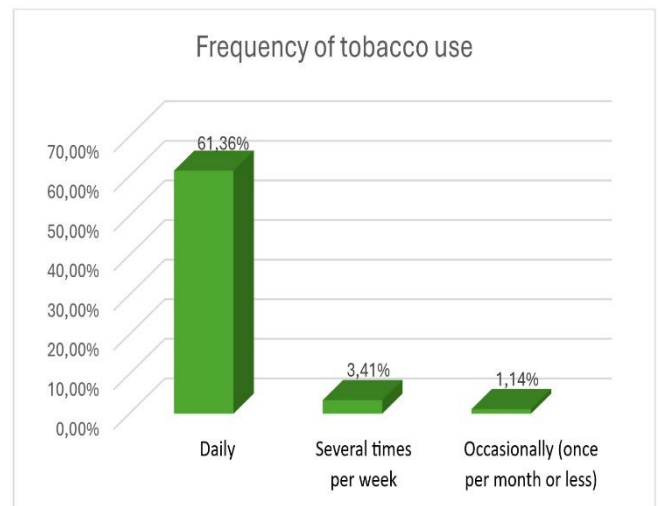


Figure 4. Frequency of tobacco use

The percentage of 3.41% for smoking several times a week and 1.14% for occasional smoking reported in this study is thus quite low, in line with general trends [34]. Data from the literature suggest that many smokers start smoking in adolescence and continue for decades. According to a report by the US National Institute on Drug Abuse, approximately 50% of smokers continue to smoke for at least 20 years [35].

Comparing the data obtained in the study with those from the literature, we note that the prevalence of daily tobacco use is considerably higher than the European average. Occasional and several times a week use is in line with trends observed in other studies. Regarding the duration of smoking, the data suggest that a significant percentage of smokers in this group have smoked for a period of 10-20 years, which may indicate more recent initiation or more frequent cessation. The frequency of tooth brushing reported by the subjects was once a day 36.36%, twice a day 30.68%, after each meal 18.18%, and occasionally 14.77%.

According to a study published in the "Journal of Dental Research", approximately 30-40% of adults in the United States and Europe brush their teeth once a day. The percentage of 36.36% obtained in this study

aligns with these estimates, indicating a similar behaviour regarding daily tooth brushing (Fig. 4.) [36].

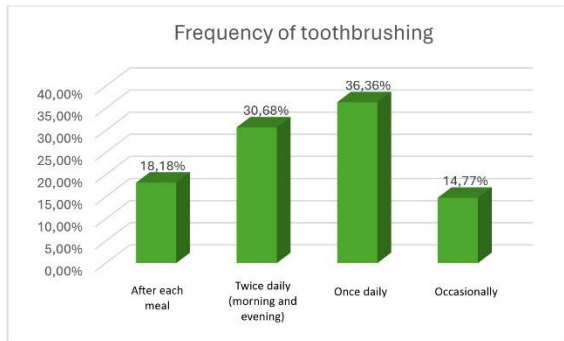


Figure 4. Frequency of toothbrushing

General recommendations from dental health organizations, such as the American Dental Association (ADA) and the FDI World Dental Federation, suggest brushing twice a day as the standard for optimal oral hygiene. Studies show that approximately 50-70% of people in developed countries brush their teeth twice a day. The percentage of 30.68% reported in this study is lower than the average suggested by these studies, indicating a lower frequency of twice-daily tooth brushing in this specific group [37]. Brushing teeth after each meal is not as commonly recommended, but some individuals adopt this practice to maintain extremely rigorous oral hygiene. Studies show that only a small percentage of the population (approximately 10-20%) practice brushing after each meal. The percentage of 18.18% obtained in this study aligns with these estimates [38].

PRESENCE OF DENTAL CARIES

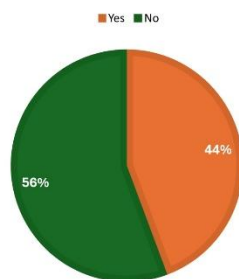


Figure 5. Presence of dental caries

Occasional tooth brushing behaviour is

associated with poor oral hygiene and an increased risk of dental caries and periodontal disease. According to studies, approximately 10-15% of people brush occasionally. The percentage of 14.77% obtained in this study aligns with these estimates, suggesting an occasional tooth brushing behaviour similar to that observed in other populations [39]. Comparing the data obtained in the study with those in the specialized literature, we observe that the frequency of tooth brushing once a day and after each meal aligns with the general trends. The frequency of tooth brushing twice a day is lower than the average suggested by international studies, indicating the need to improve oral hygiene habits in this specific group. The occasional tooth brushing behaviour is similar to estimates from other studies, highlighting the existence of a significant segment of people with poor oral hygiene. The frequency of flossing subjects reported daily 14.77%, several times a week 26.14%, rarely 30.68%, and never 28.41%.

According to a study published by the Centers for Disease Control and Prevention (CDC), approximately 30% of adults in the United States floss daily. In Europe, the figures range from 20-40%, depending on the country. The percentage of 14.77% obtained in this study is considerably lower than the average reported in these studies, indicating a suboptimal use of daily flossing in this group [40].

The literature suggests that a significant segment of the population flosses several times a week. A study published in the "Journal of Clinical Periodontology" indicates that approximately 25-35% of people floss several times a week. The percentage of 26.14% reported in this study aligns with these estimates [41]. Infrequent flossing is a common behaviour in many countries. Studies show that approximately 30-40% of people rarely floss. The percentage of 30.68%

reported in this study aligns with these estimates, suggesting a similar behaviour to that observed in other populations [42].

A significant percentage of the population never flosses. According to a study conducted by the American Dental Association (ADA), approximately 20–30% of people never floss. The percentage of 28.41% obtained in this study aligns with these estimates, indicating a similar prevalence of non-flossing [43]. Comparing the data obtained in the study with those in the literature, we observe that daily flossing is considerably lower than the average reported in other studies. Flossing a few times a week, rare flossing, and no flossing are in line with the trends observed in other studies. This suggests that although there is a moderate awareness of the importance of flossing, the adoption of the daily habit is still deficient in this specific group. Regarding the frequency of dental visits, 46.59% of the subjects stated that they go to the dentist in case of a problem, 36.36% annually and 17.05% every 6 months. According to a report by the Centers for Disease Control and Prevention (CDC), approximately 40% of adults in the United States visit the dentist only in case of dental problem or pain [28]. In Europe, a Eurobarometer study indicates similar figures, with approximately 45-50% of the population reporting visits to the dentist only in case of need [30]. The percentage of 46.59% obtained in this study aligns very well with these estimates, suggesting a common behaviour in many regions [37]. The literature recommends annual dental visits for routine check-ups and prevention. Studies show that approximately 50% of adults in the United States and Europe visit the dentist annually. The percentage of 36.36% reported in this study is lower than the average suggested by these studies, indicating a lower frequency of annual dental visits in this specific group [44].

The standard recommendation from

organizations such as the American Dental Association (ADA) and the FDI World Dental Federation is to visit the dentist every 6 months. Studies indicate that approximately 20-30% of adults follow this recommendation. The percentage of 17.05% obtained in this study is slightly lower than the average reported in other studies, suggesting that fewer people in this group comply with the recommendations of biannual visits [37]. Comparing the data obtained in the study with those in the specialized literature, we observe that the frequency of visits to the dentist in case of a problem aligns with the general trends. Annual and 6-monthly visits are less frequent than the average suggested by other studies, indicating a need to improve preventive and routine behaviours in this specific group. The prevalence of dental caries was 44% in the study group, of which 80% consume sweet foods, 62% are smokers and 19% consume alcohol. According to a report by the World Health Organization (WHO), the prevalence of dental caries among adults in Europe is approximately 30-50%, varying depending on the region and socio-economic factors [39]. The percentage of 44% obtained in this study aligns well with these estimates, indicating a typical prevalence of dental caries. Consumption of sweet foods is a well-known risk factor for the development of dental caries. Studies show that frequent sugar consumption is associated with a higher prevalence of caries. According to a report by the European Food Safety Authority (EFSA), approximately 70-80% of Europeans consume sweet foods regularly [45]. The percentage of 80% reported in this study aligns with these figures, suggesting a strong association between the consumption of sweet foods and the presence of dental caries [45]. Smoking is another important risk factor for oral health, including the development of dental caries. According to a study published in the Journal

of Dental Research, approximately 25-30% of Europeans are smokers. The percentage of 62% reported in this study is considerably higher than the European average, suggesting a high prevalence of smoking in this specific group and a strong association with the presence of dental caries [38]. Alcohol consumption is also associated with poor oral health and an increased risk of dental caries. According to a report by the World Health Organization (WHO), approximately 10-20% of Europeans consume alcohol regularly. The percentage of 19% reported in this study is in line with these estimates, indicating a typical prevalence of alcohol consumption among this group [40]. Comparing the data obtained in the study with those in the specialized literature, we observe that the prevalence of dental caries is typical for the European population. The consumption of sweet foods and alcohol is similar to the general trends, while the prevalence of smoking is considerably higher than the average, suggesting a significant risk factor for oral health in this specific group. Following oral assessment, gingival bleeding was detected in 42% of the subjects, 90% of whom were smokers, and they only went to the dentist when they had a problem. Gingival bleeding is a common symptom of gum disease and may be an indicator of gingivitis or periodontitis. According to a report by the World Health Organization (WHO), the prevalence of gum disease among adults' ranges from 20-50% worldwide. The percentage of 42% obtained in this study aligns well with these estimates, suggesting a typical prevalence of gingival bleeding [46]. Smoking is a major risk factor for oral health, including gum disease. According to a study published in the "Journal of Clinical Periodontology", the prevalence of periodontal disease is two to six times higher in smokers compared to non-smokers. Studies show that in many European countries, the

prevalence of smoking ranges from 25-30%. The percentage of 90% reported in this study is extremely high compared to the European average, indicating a strong association between smoking and gingival bleeding in this specific group [47]. Irregular dental visits are associated with poor oral health. According to a report by the Centers for Disease Control and Prevention (CDC), approximately 40% of adults in the United States visit the dentist only when they have a dental problem or pain. In Europe, a Eurobarometer study indicates similar figures, with approximately 45-50% of the population reporting dental visits only when necessary. The 90% percentage obtained in this study is considerably higher than the average, suggesting that the majority of subjects in this group have poor preventive oral health behaviour [40]. Comparing the data obtained in the study with those in the specialized literature, we observe that the prevalence of gingival bleeding is typical for the general population. However, the prevalence of smoking and visits to the dentist only in case of a problem is considerably higher than the average, indicating an increased risk for oral health in this specific group. These risk factors suggest the need for interventions to promote oral health and reduce harmful behaviours. Of the total of 88 subjects included in the study, 6% presented complete edentulism at the time of examination, and 11% had partial edentulism, either with or without prosthetic work. These figures reflect a significant prevalence of tooth loss among the analysed population. Edentulation and tooth loss are oral health problems with complex implications on the quality of life and general functionality of patients. Previous studies have highlighted the following relevant aspects: the prevalence of edentulism, according to a study conducted by Kassebaum et al. (2014), partial and complete edentulism are common problems globally,

influenced by factors such as age, socio-economic status, access to dental services and lifestyle habits [48]. Association with smoking: The link between smoking and edentulism has been reported in various studies. A cohort study found that smoking is a significant risk factor for premature tooth loss and poorer oral health in general [49].

Impact of sugary sweet and carbonated beverage consumption: Excessive consumption of sugary sweet and carbonated beverages can contribute to tooth decay and tooth enamel erosion. Studies have shown that the frequency of consumption of these foods and beverages is associated with an increased risk of tooth loss [50].

Our study data highlight the importance of implementing oral health prevention and education strategies, especially among people with partial or complete edentulism.

CONCLUSIONS

1. Alcohol consumption: The frequency of daily (17.05%) and occasional (23.86%) alcohol consumption is consistent with global data, but alcohol consumption several times a week (30.68%) is higher than the average reported in other studies. The percentage of those consuming more than three drinks per day (4.55%) and 1-2 drinks per day (7.95%) indicates a significant presence of problematic alcohol consumption among the subjects..
2. Tobacco Use: The high percentage of daily smokers (61.36%) is much higher than the global average, indicating an increased risk to oral and general health. The majority of smokers (23.86%) have a smoking history of between 10 and 20 years, suggesting long-term exposure to the risks associated with smoking..
3. Tooth Brushing Frequency: Tooth brushing once a day (36.36%) and twice a day (30.68%) align with global data, but

Recommendations include: Smoking cessation education: Smoking cessation programs should be a priority to reduce the risk of premature tooth loss and improve overall oral health.

- Promoting healthy eating: Awareness and education campaigns should encourage the reduction of consumption of carbonated sweets and foods that can affect oral health.

- Access to regular dental care: Improving access to preventive dental services and appropriate treatments is essential for managing edentulism and preventing subsequent complications.

Our study brings to light critical aspects of oral health, relevant for the implementation of public health policies and programs aimed at reducing the negative impact of risk factors on the oral health of the population.

- brushing after each meal (18.18%) is less frequent. Occasional brushing (14.77%) indicates the existence of a significant segment of people with poor oral hygiene..
4. Flossing Frequency: Daily flossing (14.77%) is considerably lower than the global average, and a significant percentage (28.41%) never floss. Use a few times a week (26.14%) and rarely (30.68%) align with global trends. The fifth conclusion
5. Frequency of Dental Visits: Most subjects (46.59%) go to the dentist only in case of problems, which is more frequent than the global average. Annual visits (36.36%) and every 6 months (17.05%) are less frequent than the average suggested by the specialized literature.
6. Presence of Dental Caries: The prevalence of dental caries (44%) is typical for the general population. A high percentage of subjects consume sweet foods (80%), are smokers (62%) and drink alcohol (19%),

indicating significant risk factors for oral health.

7. Gingival Bleeding: Gingival bleeding is present in 42% of subjects, consistent with the global prevalence of gum disease.

Most subjects are smokers (90%) and visit the dentist only in case of problems (90%), suggesting poor oral health and the need to improve oral care habits.

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