

# Oral Hygienic Practices among the Adolescents Aged 15-17 Years Old

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## Description

Adolescents undergoing orthodontic treatment had a higher knowledge of oral health than adolescents without orthodontic treatment. The majority of adolescents for both groups (69%) claimed to brush their teeth twice a day. Regarding complimentary dental material, 81.9% of adolescents without orthodontic treatment never used an interdental brush and 78.8% never used dental floss. For those undergoing orthodontic treatment, 48.5% never used an interdental brush. Only 4% of adolescents without and 3% of adolescents with orthodontic treatment never consumed fizzy drinks, 4.9% and 3% never consumed sweets, and 4% and 8.4% never ate fast-food. Adolescents without treatment consumed more sodas and more fast food. Orthodontic treatment is often performed on teenagers, and its prevalence may range from 10% to 35% in developed countries. It usually involves fixed or removable appliances for the correction of mild to severe malocclusions. It is found that orthodontic treatment usually lasts an average of 20 months, with a mean number of required visits at 17.8. During this period, orthodontic appliances may increase biofilm accumulation and plaque retention, and inadequate oral hygiene can lead to permanent damage to dental tissue, caries, or periodontal lesions. Moreover, orthodontic patients demonstrate higher proportions of Gram-negative species, resulting in more inflammation and bleeding. Adolescence may increase the risk of dental diseases, as it is a period during which oral care habits are being established, with lower motivation regarding good oral hygiene maintenance. Moreover, adolescents tend to consume more snacks and beverages between meals. For all these reasons, oral care plays a key role in adolescents becoming at increasing risk for caries and early periodontal disease. Currently, we know that maintaining oral hygiene in interproximal spaces calls for special devices, the use of interdental brushes being the most effective method for interproximal plaque removal. The daily use of interdental brushes can reduce inflammation and lead to the reestablishment of symbiotic interdental microbiota.

Since adolescents undergoing orthodontic treatment receive more specific information and adequate hygiene recommendations at each regular orthodontic visit than adolescents without orthodontic treatment, the hypothesis of this study was that orthodontically treated adolescents would have better dental knowledge and even more adequate oral hygiene practices than non-treated adolescents. Therefore, the objective of this study was to evaluate the oral health knowledge, attitudes, and practices amongst a sample of 15–17-year-old French adolescents with and without orthodontic treatment. Orthodontists give oral wellbeing cleanliness and dietary guidelines prior to begin a treatment. We estimated that adolescents going through orthodontic treatment have better

oral wellbeing information, perspectives, and practices.

The information on the young people was lacking in the two gatherings; aside from the inquiry concerning the job of fluoride in the counteraction of caries, as adolescents going through treatment had an altogether higher level of right responses. Generally, 96.5% of teenagers without orthodontic treatment and 95.1% of young people with treatment realized that it is important to clean their teeth no less than two times every day. Young people information on fluoride was unfounded in both of the gatherings. Teenagers with treatment would be advised to results, primarily in regards to the job of fluoride in the anticipation of caries with 65.1% of right responses, instead of young people without treatment, who had 46% right responses. Without a doubt, a few investigations had comparative outcomes in teenagers. Young people going through orthodontic treatment had a superior comprehension of the job of fluoride. As to the utilization of medications and liquor, the outcomes are comparable in the two gatherings. In actuality, drinking cigarette is altogether higher among teenagers who don't have orthodontic treatment. Also, 11.1% of young people without treatment and 4.2% of teenagers with treatment smoke consistently. Smoking every day or periodically was accounted for in 11.7% of teenagers. This study has a few constraints. First and foremost, the young people were only enrolled in dental medical clinics and hence couldn't be completely illustrative of all teenagers. Especially, those going to the dental general wellbeing division, and more broad dental consideration offices, were bound to have dental issues than the normal population of teenagers. Nonetheless, they were like the population going to the orthodontic department, seeing various factors like financial or instructive levels.

Young people need oral health information, and their mentalities and practices are not ideal. We realize immaturity is a significant period for the advancement of oral pathologies, and that this period is related to hormonal changes, social moves, and changing dietary (food) patterns. Young people begin turning out to be more independent by settling on their own choices. Orthodontists ought to be more mindful of the need to show their patients how to keep up with great oral cleanliness and have great dietary habits during orthodontic treatment to forestall holes and periodontal illness. Oral wellbeing instruction is fundamental for all adolescents and the utilization of interdental brushes ought to be carried out.