



Importance of Dental Readiness in Military Professional

Capt (Dr) Tengku Natasha Eleena bt Tengku Ahmad Noor, BDS., MFDS RCS (Ed)

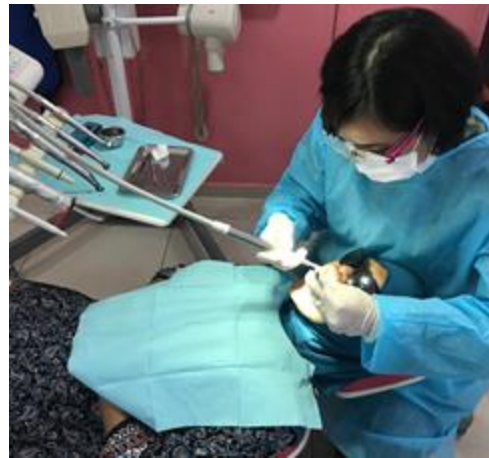
DEFENCE DENTAL SERVICES

Dental readiness refers to a service personnel's dental health as it relates to his **worldwide deployment status** and is fundamental in maintaining unit readiness and **reducing non-combat casualties during deployment**. Sub-optimal levels of dental readiness will increase mobilization time, interfere with unit training and detract from forces' readiness.

Orofacial pain during training or deployment may have negative impact to combat readiness and eventually impedes the overall performances of the unit. Orofacial pain especially toothache is **preventable** through routine examination and scheduled treatment before deployment.

Royal Medical and Dental Corps (RMDC) Mission : To **conserve the fighting strength** of MAF through **maintenance of health, prevention of diseases** and **care of the sick and wounded**.

Health contributes **directly** to **military readiness**. A high state of health gives troops the fitness to fight, and thus **medically ready to deploy**.



NON-COMBAT DUTY

Personal appearance is important-it demonstrates the pride, character and self-discipline as a soldier. Uniforms and decorations are only part of the appearance. To look like a soldier, it is needed to be physically and mentally fit to present a warrior look



COMBAT DUTY

The importance of soldiers being able to fight without experiencing dental problems as well as reducing the risk of dental problems during military operations or mission deployment.

HOW DENTAL HEALTH AFFECTS COMBAT READINESS : IN PAST HISTORY



Source:



MILITARY EXPERIENCE

ABSTRACT

Introduction Periodontal disease ranges from simple gums inflammation to major damage to the periodontal tissues, even losing teeth. Severe periodontitis has a world overall prevalence of 11.2%. These are evaluated with periodontal probes and oral epidemiological indices. Our aim is to estimate the prevalence and severity of periodontal disease of a Spanish military population according to the 2013 WHO criteria.

Methods Observational study of prevalence carried out in a representative random sample of 221 military staff from the Spanish Army base 'Conde de Gazon'. Prevalence was estimated by calculating the Community Periodontal Index modified, loss of attachment, Plaque Index and Gingival Bleeding Index measured with a third-generation electronic 'Pa-on' periodontal probe.

Results Averages of probing depth, recession and clinical attachment level were 2.17, 0.19 and 2.36 mm. Plaque and gingival bleeding indices were 71% and 40.3%. All subjects bled in some tooth after probing. 3.6% of subjects had no periodontal pockets, 58.8% mild periodontal pockets and 37.1% severe periodontal pockets. All had some loss of attachment, 52% mild loss of attachment and 47.5% severe loss of attachment. Teeth present with and without bleeding were 24.4 (86.5%) and 3.6 (13.1%). 28% of teeth had periodontal pockets and 40.4% loss of attachment. Sextant averages with periodontal pockets and loss of attachment were 2.79 and 3.56.

Conclusions Our plaque and gingival bleeding indices were high and we found a higher prevalence and severity of periodontal disease than other Spanish and foreign military populations. This could be related to differences in context, life habits and insufficient dental hygiene.

Original research

Prevalence and severity of periodontal disease among Spanish military personnel

Millán Bárcena García,¹ J M Cobo Plana,² P I Arcos González³

Oral health behaviors and dental caries in a sample of portuguese militaries



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Objectives: To determine the prevalence of dental caries and oral health behaviors in a sample of the Portuguese army.

Methods: An observational cross-sectional study was conducted in a sample of army soldiers of the Infantry Regiment no. 14 of Viseu, Portugal, using a questionnaire. The study involved 122 members of the armed forces, who were asked to complete a questionnaire autonomously. The questionnaire enquired about general oral-health behaviors but focused mainly on: i) frequency of toothbrushing, ii) use of dental floss and iii) frequency of dental appointments. It also asked about sociodemographic information, like age and gender. An intra-oral observation was also conducted to determine the DMFT index and to record dental plaque based on the Silness and Løe plaque index (1964).

Results: The prevalence of dental caries was high (51.6%±7.4%; DMFT of 4.6±3.5). The most prevalent score of the Silness and Løe plaque index was score 2 - visible plaque (58.2%). Regarding oral hygiene habits, most of the sample reported brushing their teeth at least twice a day (65.6%) and using fluoride toothpaste (64.8%). However, very few participants (18%) used dental floss. More than 30% of the participants had not visited a dentist within the previous year. Furthermore, 45.9% were current smokers.

Conclusion: Prevention programs and promoting actions for oral health with these specific groups are important and should be adopted to reduce the prevalence of dental caries and to increase the knowledge about oral-health behaviors. (Rev Port Estomatol Med Dent Cir Maxilofac. 2018;59(1):18-23)

Characteristics	Periodontitis		p-value
	No N (%)	Yes N (%)	
Gender			
Male	12 (66.7)	113 (94.2)	0.002
Female	6 (33.7)	7 (5.8)	
Ethnicity			
Malay	5 (27.8)	41 (34.2)	0.592
Non-Malay	13 (72.2)	79 (65.8)	
Marital status			
Married	6 (33.3)	25 (20.8)	0.236
Not married	12 (67.7)	95 (79.2)	
Level of education			
Low	11 (61.1)	81 (67.5)	0.592
High	7 (38.9)	39 (32.5)	
Military rank			
Officer	3 (16.7)	20 (16.7)	1.000
Subordinates	15 (83.3)	100 (83.3)	
Service			
Soldier	12 (66.7)	73 (60.8)	0.610
Navy	6 (33.3)	41 (34.2)	
Air force	0 (0.0)	6 (5.0)	
Frequency of tooth brushing a day*			
Less than twice	2 (11.1)	2 (1.7)	-
At least twice	16 (88.9)	118 (98.3)	
Changing toothbrush			
In 3 months	7 (38.9)	40 (33.3)	0.643
More than 3 months	11 (61.1)	80 (67.7)	
Flossing			
No	11 (61.1)	99 (82.5)	0.035
Yes	7 (38.9)	21 (17.5)	
Mouth rinse			
No	7 (38.9)	55 (45.8)	0.581
Yes	11 (61.1)	65 (54.2)	
Visiting dental annually			
No	2 (11.1)	33 (27.5)	0.136
Yes	16 (88.9)	87 (72.5)	
Smoking status			
Never	11 (61.1)	33 (27.5)	0.011
Current	3 (7.8)	57 (47.5)	
Former	4 (4.4)	30 (25.0)	
Alcohol intake			
No	17 (94.4)	103 (85.8)	0.312
Yes	1 (5.6)	17 (14.2)	

Assessment of Periodontal Health Status Among the Military Personnel Visiting Kuching Armed Forces Dental Clinic, Sarawak (2020). Tengku Ahmad Noor, TNE., Jaafar A., Ramli HO., Bahari ZF

Periodontal status	Mean (SD)	N (%)	95% CI
Plaque index	1.82 (0.64)		
Healthy		1 (0.7)	0 to 2.2
Gingival bleeding		17 (12.3)	7.2 to 17.4
Shallow pocket (4-5mm)		76 (55.1)	46.4 to 63.8
Deep pocket (≥6mm)		44 (31.9)	24.6 to 39.9

Oral Health Status Among Adults With and Without Prior Active Duty Service in the U.S. Armed Forces, NHANES 2011-2014

Maj David K. Schindler, DC, USAF^{,†}; Gabriela V. Lopez Mitnik, MS, MPhil[†];
Lt Col Aida M. Soliván-Ortiz DC, USAF^{*}; Lt Col Scott P. Irwin DC, USAF^{*};
Shahdokht Boroumand, DMD, MPH[†]; CAPT Bruce A. Dye, DC, USPHS (Ret.)[†]*



Military service may also increase the risk of oral diseases as it is often characterized by long deployments overseas in locations with limited access to preventive services, oral hygiene products, and comprehensive dental care. Chronic stress and fatigue from long working hours and combat can contribute to a reduction in self-care and oral hygiene habits, increased energy drink consumption and smoking, as well as increased risk for depression.¹⁷⁻²⁰ Collectively,



RECOMMENDATIONS

EDUCATION

Preventive-focused oral health that seamlessly integrates with wider prevention pathways across a range of lifestyle initiatives as well as awareness



HEALTHCARE SYSTEM

Enforcement of law with annual check ups and treatments for soldiers



FACILITIES

Resources or access to hygiene kit and dental facilities during operational or mission deployment



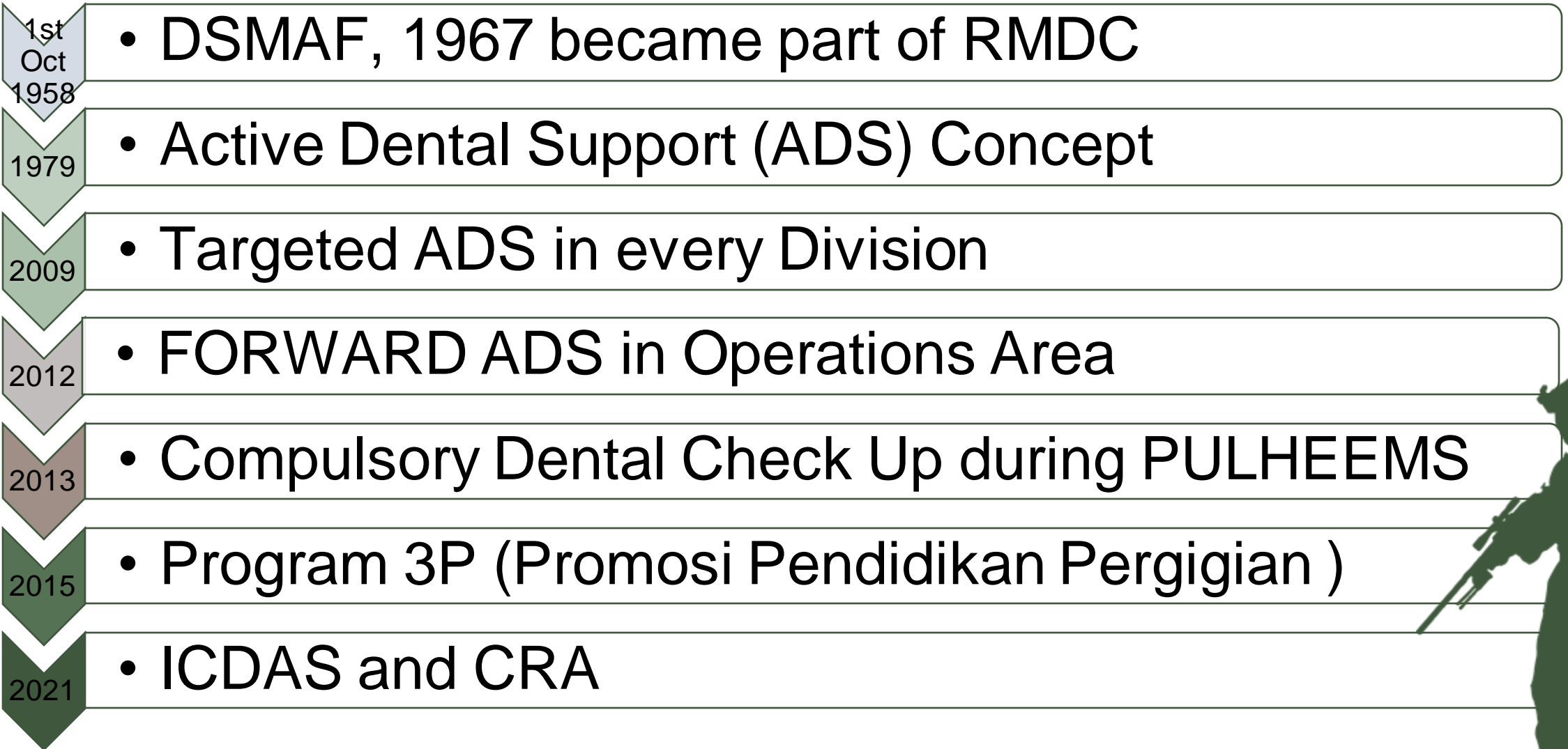
LEADERSHIP

Educating leaders to work as a team and to get the dental health consent on the fighting force





OUR JOURNEY IN DENTAL READINESS





Targeted ADS in
every Division





FORWARD ADS in Operations Area



Compulsory Dental Check Up during PULHEEMS

TERHAD

Markas Angkatan Tentera Malaysia
Bahagian Perkhidmatan Kesihatan
Kementerian Pertahanan
Tingkat 12, Bangunan Menara Park
Megan Avenue II
Jalan Yap Kwan Seng
50450 KUALA LUMPUR

Tel : 03-21753008
Faks : 03-21627879

31 Jul 13

MATM/BPK-SIHAT/PBG/3057

Lihat Agihan

ARAHAN PEMERIKSAAN PERGIGIAN SEMASA PEMERIKSAAN PERUBATAN TATADEMMOT BERKALA

Rujuk:

A. AFMATI Arahan No 13.2.
B. AFMATI Arahan No 19.2
C. MATM/BPK-SIHAT/PP/3042 bertarikh 01 Jul 2013.

PENGENALAN


1. Kesihatan warga tentera adalah salah satu faktor penyumbang kepada kesiapsiagaan perkhidmatan ATM. Kesakitan gigi akan memberi kesan negatif kepada kesihatan fizikal individu dan mengurangkan prestasi keseluruhan pasukan tersebut.

2. Pemeriksaan pergigian semasa pemeriksaan perubatan TATADEMMOT berkala adalah merupakan sebahagian tindakan yang diambil bagi memastikan kesihatan pergigian berada pada tahap maksimum. Ianya dapat mempertingkatkan tahap kesiapsiagaan perkhidmatan ATM dan dapat daturgerakkan pada sebarang masa.

3. Walaubagaimanapun, perkara ini tidak dilaksanakan secara sistematik di peringkat pasukan dan ianya mengganggu kelancaran kesiapsiagaan perkhidmatan ATM. Beberapa faktor penyumbang telah dikenalpasti dan langkah penambahbaikan diambil mengatasi masalah tersebut.

TUJUAN

3. Arahan ini dikeluarkan agar pelaksanaan pemeriksaan pergigian berkala semasa pemeriksaan perubatan TATADEMMOT berkala dapat dilakukan secara lebih sistematik oleh semua pihak.



TERHAD

OBJEKTIF

4. Pemeriksaan pergigian berkala ini adalah untuk:

- Mengenalpasti status Darjah Kesihatan Pergigian (*Dental Readiness Classification (DRC)*) setiap anggota tentera.
- Memastikan pegawai dan anggota daripada pasukan tempur, bantuan tempur dan pasukan khas seperti komando, penyelam, anggota payung terjun, kru penerbangan dan anak-anak kapal selam berada pada tahap kesihatan pergigian yang baik sebarang masa iaitu Darjah Kesihatan Pergigian Kelas 1 (DRC Class 1).

PELAKSANAAN

5. Pemeriksaan Pergigian Semua pegawai dan anggota diwajibkan untuk menjalani pemeriksaan pergigian. Pemerintah pasukan perlu memastikan setiap pegawai dan anggota menjalani pemeriksaan pergigian berkala ini.

6. Kekerapan Pemeriksaan Pemeriksaan berkala ini dilakukan mengikut kekerapan pemeriksaan perubatan TATADEMMOT berkala yang dijadualkan.

7. Tempat Pemeriksaan Pemeriksaan dilaksanakan PGAT pasukan atau Jabatan Pergigian HAT.




8. Pegawai Pemeriksa Pegawai Pergigian bertanggungjawab untuk melaksanakan pemeriksaan pergigian ini secara lengkap.

9. Dokumentasi Buat masa ini keputusan pemeriksaan pergigian perlu diisi di dalam borang seperti di **Kembaran A**. Ianya hendaklah dikepikan bersama BAT F 2 yang sedia ada dan direkodkan di dalam BAT F 3 dan aplikasi DRMS. BAT F 2 sedang dikaji untuk pindaan bagi memasukkan pemeriksaan pergigian.

10. Pemeriksaan Pergigian Pemeriksaan pergigian hendaklah dilaksanakan sebelum menjalani pemeriksaan perubatan TATADEMMOT berkala. Tempoh sah DRC seorang anggota tentera adalah enam bulan. Tatacara pemeriksaan pergigian adalah seperti berikut:

- Pegawai Pergigian Pemeriksaan pergigian perlu dilakukan secara lengkap dan mengemaskini status DRC semua pegawai dan anggota tersebut. Rekod pergigian terkini hendaklah dicatatkan di dalam BAT F 3, aplikasi DRMS dan borang seperti di **Kembaran A** dan dikepikan bersama BAT F 2. Pesakit perlu dimaklumkan mengenai status kesihatan pergigian dan diberikan temujanji untuk rawatan susulan sekiranya ada.
- Pegawai Perubatan Menjalankan pemeriksaan perubatan TATADEMMOT setelah pemeriksaan pergigian dilakukan. Pegawai Perubatan perlu memastikan status DRC pada pemeriksaan perubatan TATADEMMOT seterusnya adalah DRC Class 1 dan menasihati pesakit untuk mendapatkan rawatan pergigian.

2
TERHAD

Quality	D	E	N	T	A	P
Degree						
DRC		Class I : Dentally fit				
		Class II : Dentally unfit (Temporary) until treatment completed				
		Class III: Dentally unfit for deployment				

D	E	N	T	A	P
2	1	1	1	1	2

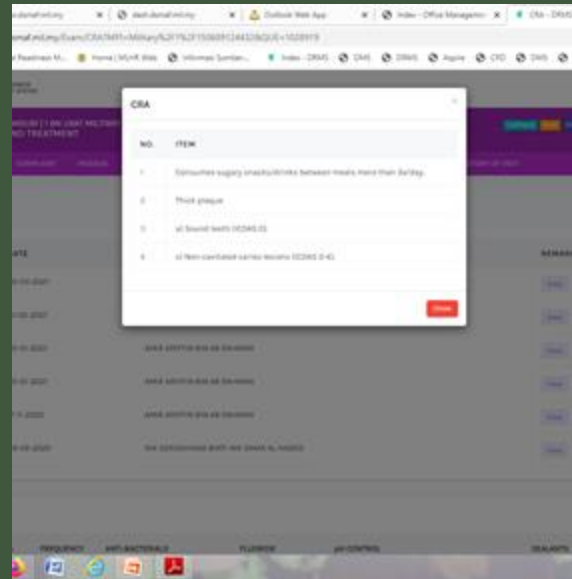


ORAL HEALTH PROMOTION DURING 3P PROGRAM

Added Values



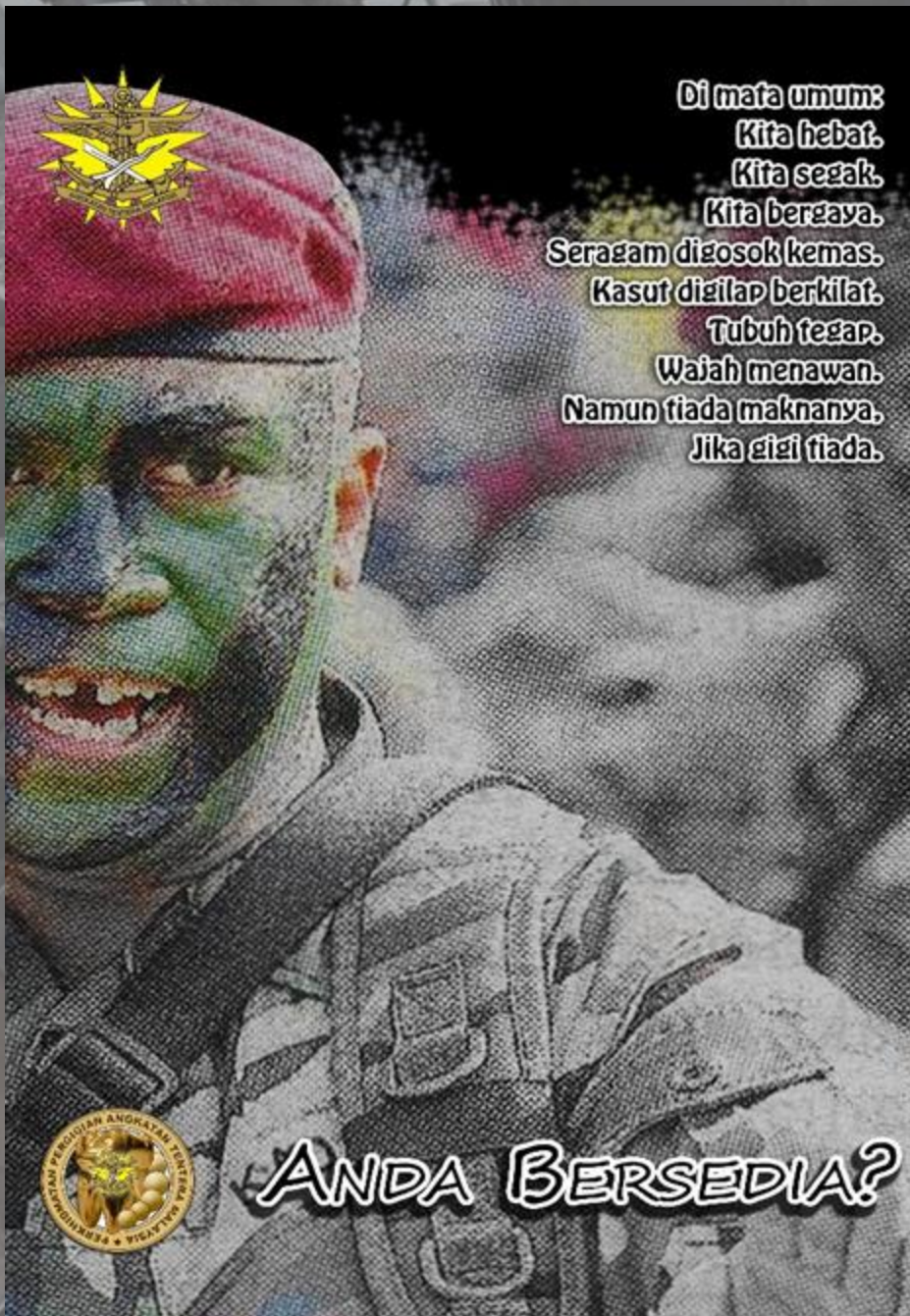
Mobile CAT



*Dental Readiness
Management System*



Oral health promotion posters



**In the eyes of the public
We are known as a uniform body
With smart appearance
Shiny boots
Handsome looks
Muscular figure
However,
It will be useless
if we have no teeth**



THANK YOU