# Statistics on Dental Health 2022

About 3.9 million individuals aged 24 years or older sought dental care in 2022. This is the second-lowest recorded annual number of individuals seeking dental care since the national registration of dental visits began in 2009. A continuous decline in visits has been observed over time, disregarding the pandemic year of 2020. Dental health in the population has improved over time and younger individuals with higher education have the best dental health. A correlation between people's dental health and the frequency of their visits to dental health clinics can be observed: the worse an individual's dental health status, the more frequent the visits. Individuals that do not seek dental care are not included in the statistics.

The proportion of the adult population that seeks dental care is declining

A total of 3,883,411 individuals from the adult population, those 24 years or older, sought dental care in 2022. Of these, 2,082,996 were women and 1,800,415 men. This is the lowest recorded number of individuals seeking dental care since the national registration of dental visits began in 2009. Only in 2020, when the Covid-19 pandemic greatly affected dental care visits, saw a lower number of visits. Figure 1 shows that the proportion of the population that sought dental care has declined over time since 2013. A larger proportion of women sought dental care compared to men, and this difference was consistent over the time period 2013–2022. A similar pattern could be observed for both public and private dental care givers, but when comparing the year 2013 with 2022, there was a larger decline in the proportion of people that sought public dental care compared to those that visited private caregivers (a 29.5 and 24.2 percent decline for men and women, respectively, in regard to the proportion of the population seeking dental care from public clinics, compared to a 6.6 and 5.6 percent reduction for private dental clinics).

Figure 1. Proportion of the population, 24 years or older, that sought dental care between 2013–2022, age standardised parts* per year
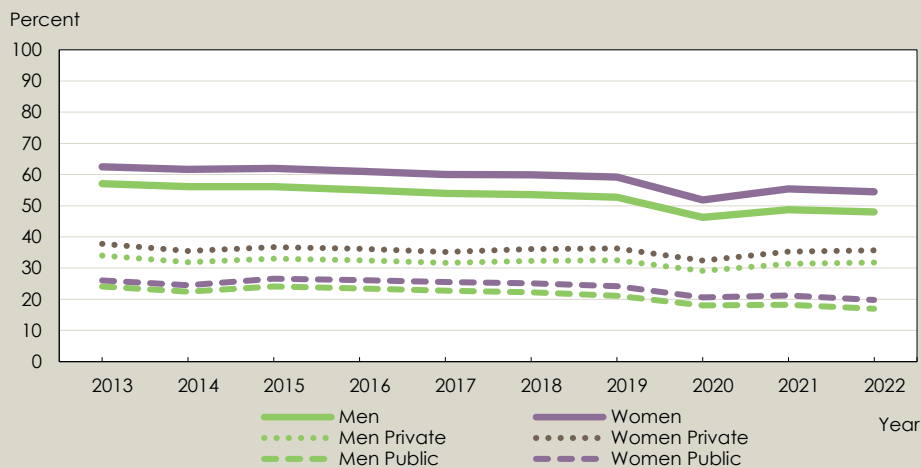
* Age standardised to the mean population 2022
Source: The dental health registry, National board of health and welfare

When comparing the year 2022 with 2018, a decline in the proportion of the population that sought dental care was observed across all age groups for both men and women, except for people aged 85 and older, see Figure 2. The proportion of the population that sought dental care in the age group 85 and older has increased (a 3.9 and 2.0 percent higher rate in 2022 compared to 2018 for women and men, respectively). The largest relative decrease could be observed in the 24–34 age group (down by 15.0 and 16.3 percent for women and men, respectively), whereas the smallest decrease could be seen in the 75–84 age group (down by 2.1 and 3.5 percent for women and men, respectively).

Figure 2. Number of individuals that sought dental care in 2018 or 2022, by gender and age per 100 000 inhabitants
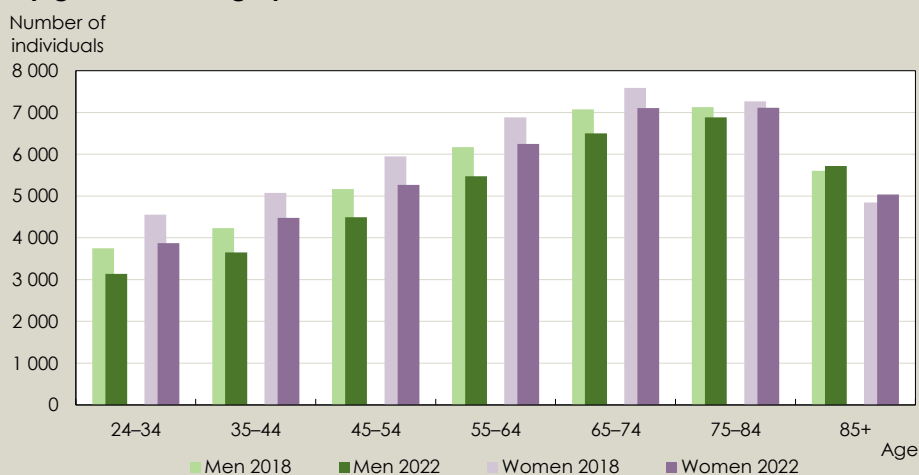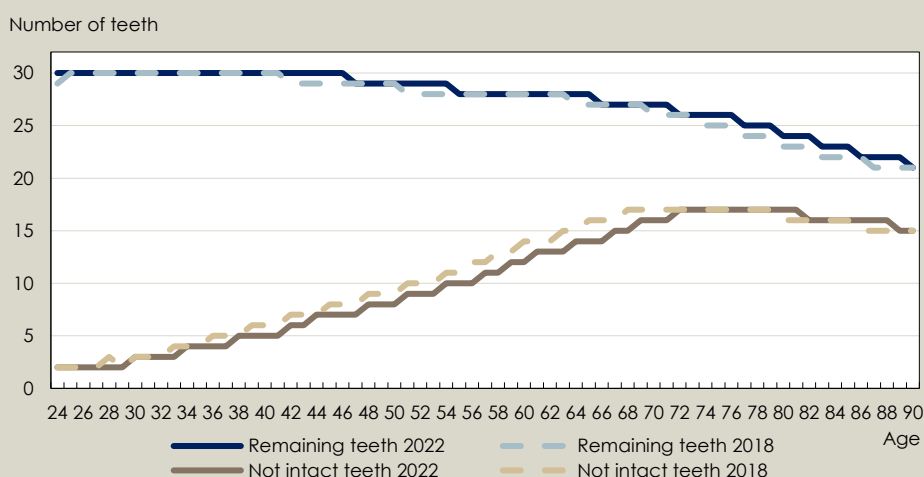

Source: The dental health registry, National board of health and welfare

The adult population's dental health has improved between 2018 and 2022

When caregivers conduct dental care within the framework of the state subsi-dised programme for dental care, the number of remaining and intact teeth are registered for each patient. This information is subsequently transferred to the dental health registry at the National Board of Health and Welfare. Research has shown that the information regarding the number of remaining and intact teeth is of good quality [1], and the two numbers can be used as a coarse but robust measurement for assessing the dental health status of a population. When com-paring the years 2018 and 2022, a general improvement in the dental health of the population was observed, see Figure 3. The median value for the number of remaining teeth was higher in 2022 compared to 2018 across the majority of age groups, particularly for individuals over 70 years of age. Moreover, the median number of un-intact teeth was lower in 2022 than 2018 for the majority of the age groups, particular for those aged 70 years and older.

Figure 3. The median number of remaining and un-intact teeth among individuals that sought dental care in 2018 and 2022, by age
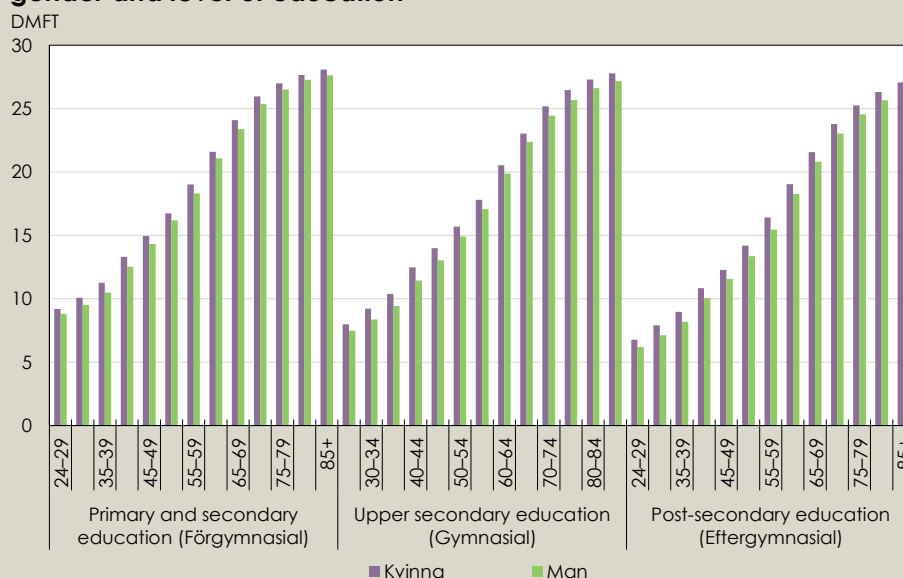
Source: The dental health registry, National board of health and welfare

Well-educated young people have better dental health

Dental health varies with the level of education: the higher the education level, the better the dental health status, generally speaking. Dental health in a popula-tion can be described by the DMFT value (Decayed Missing Filled Teeth), which is derived by subtracting the number of intact teeth from the largest possi-ble number of teeth. A low DMFT value is an indicator of good dental health. The average DMFT value increased with age, a pattern that could be observed across the three different categories of educational level (Figure 4). On average,

men had a lower DMFT value than women per age and educational level cate-gory. The largest difference in average DMFT could be observed in the younger age groups; for instance, among individuals aged 20–29, the average DMFT value was 35.9 percent higher for women and 42.4 percent higher for men when comparing individuals with a primary or secondary education level to those in the group with post-secondary education.

**Figure 4. Average DMFT (Decayed Missing Filled Teeth) per age, gender and level of education**

Source: The dental health registry, National board of health and welfare

Individuals with poor dental health seek dental care more often

On average, individuals with a high DMFT value, i.e., people with a poor dental health status, sought dental care more frequently than individuals with a lower DMFT value (Figure 5). Additionally, a difference in the frequency of visits could be observed between people born in the 1950s, 1960s, 1970s and 1980s for each of the DMFT values. Individuals born in the 1950s on average sought dental care to the largest extent followed by individuals born in the 1960s and 1970s, while individuals born in the 1980s had the lowest average number of visits per DMFT value. Individuals with a DMFT value of 28 sought dental care four times as often as individuals with a DMFT of 0 on average, and the pattern could be observed for both women and men.

Figure 5. Average number of visits between 2013–2022 for individuals born in the 1950s, 1960s, 1970s or 1980s, by gender and dental health status (DMFT)
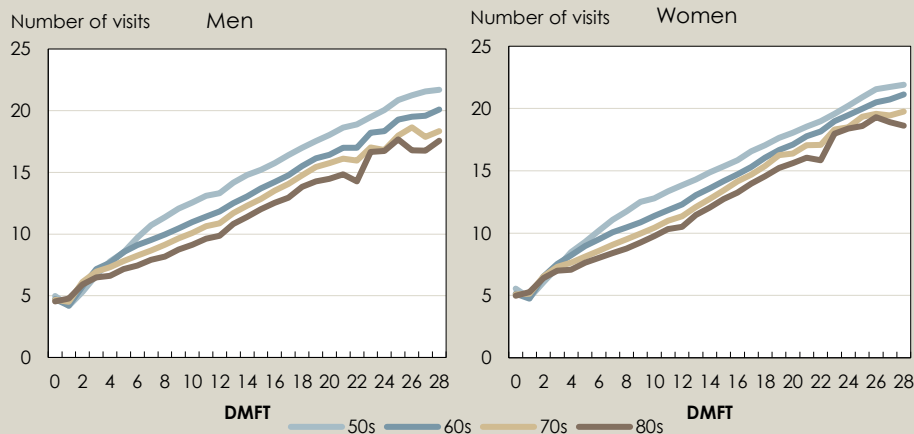
Source: The dental health registry, National board of health and welfare

To conclude, the fraction of the population that seeks dental care has decreased over time, while the dental health of the general population has improved. Nevertheless, the positive development in dental health status is not uniform across different population groups and differs between education levels, gender and birth cohorts. Individuals with poor dental health seek dental care more frequently. The dental health registry contains no information about the dental health of individuals that do not seek dental care. The statistics are based on individuals that seek dental care.

Statistical terms related to dental health

According to Swedish law, the main objective for the dental health care system is good dental health and dental care on equal terms for the entire population. A **remaining tooth** is a tooth that has a natural root, is partially erupted or has a visible tooth root. This also includes wisdom teeth. The number of remaining teeth is a rough but robust measure of dental health. Depending on whether the wisdom teeth are erupted or have a visible tooth root, a person can have up to 32 remaining teeth. Chewing ability decreases drastically with less than 20 remaining teeth. Having at least 20 remaining teeth can therefore be interpreted as having sufficient chewing ability. An **intact tooth** is a remaining tooth without damage to the dentine, which would require treatment. It cannot have any fillings or a prosthetic replacement. The number of **un-intact teeth** is the difference between the number of remaining teeth and the number of intact teeth. **DMFT** (Decayed Missing Filled Teeth) is a measurement that can be used to assess dental health, which is derived by subtracting the number of intact teeth from 32. The **mean** value is the sum of the values in the current group divided by the group's total number. The **median** is the middle value in the group as the observed values are sorted in ascending order. Unlike the mean, the median is not affected by extreme values. The definition of a **visit** in the present publication is a unique date when an individual sought dental care.

References

Ljung R, Lundgren F, Appelquist M, Cederlund A. The Swedish dental health register - validation study of remaining and intact teeth. BMC Oral Health. 2019 Jun 17;19(1):116. doi: 10.1186/s12903-019-0804-7. PMID: 31208416; PMCID: PMC6580593.

More information

You can find further tables, graphs, and information here (in Swedish, but with an English list of terms. Select *Tillhörande dokument och bilagor*):
www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/tandhalsa

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