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Exploring the Relationship between Salivary Cortisol, Dental Anxiety, and Dental Caries in Children: A Cross-Sectional Study

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Abstract

Dental caries remains a prevalent and chronic health issue affecting children worldwide. While established risk factors include diet, oral hygiene, and genetics, emerging research suggests a link between psychological factors, such as dental anxiety, and physiological markers, like salivary cortisol, in the development and progression of dental caries. This cross-sectional study sought to explore the associations among salivary cortisol levels, dental anxiety, and dental caries in pediatric patients. A diverse cohort of children was examined, and data was collected through clinical assessments and salivary cortisol measurements. The findings reveal a significant relationship between elevated salivary cortisol levels and increased dental anxiety in children, as well as a connection between dental anxiety and the prevence of dental caries in children. Dental anxiety is a common phenomenon that can significantly affect a child's oral health and well-being. The case presented here highlights the challenges in managing dental anxiety and its potential consequences on oral health, focusing on dental caries as a primary outcome. The report also discusses strategies for early intervention and preventive measures to mitigate the impact of dental anxiety on children's dental health.

Introduction

The dental health of children is a matter of paramount importance, impacting not only their physical well-being but also their overall quality of life. Dental caries, commonly known as cavities, is one of the most prevalent chronic diseases in childhood. The development and progression of dental caries are influenced by a myriad of factors, including oral hygiene practices, diet, and genetics [1]. However, recent research has shed light on the potential role of psychological factors, such as dental anxiety, and physiological markers, like salivary cortisol levels, in the occurrence and severity of dental caries in children. This article delves into a cross-sectional examination of the association between salivary cortisol, dental anxiety, and dental caries in children, exploring the implications for pediatric dental care and overall child health.

Saliva is increasingly recognized as a valuable diagnostic tool in healthcare. Its non-invasive collection and rich composition make it ideal for assessing biomarkers related to various conditions. Salivary diagnostics offer potential for early detection, monitoring disease progression, and personalized treatment approaches, revolutionizing existing healthcare practices [2]. Cortisol, commonly known as the stress hormone, is a vital hormone released by the adrenal glands in response to stress. It plays a crucial role in regulating the body's stress response, influencing various physiological processes. Cortisol levels fluctuate throughout the day, but prolonged or excessive stress can lead to chronically elevated levels, which can have detrimental effects on physical and mental health. Salivary cortisol levels in children have garnered interest as a potential indicator of stress and its impact on health [3]. Cortisol, a hormone released in response to stress, can be non-invasively measured in saliva. Understanding salivary cortisol levels in children is valuable for assessing their physiological stress response, evaluating the influence of stress on various health outcomes, and exploring the association between cortisol, dental caries, and dental anxiety.

The Exchange of Dental Caries, Dental Nervousness, and Salivary Cortisol

Dental caries

Dental caries, frequently alluded to as tooth rot or cavities, is the consequence of a complicated connection between microbes in the oral cavity, the piece of the eating regimen, and the weakness of the tooth structure. It is deep rooted that unfortunate oral cleanliness, high sugar utilization, and rare dental check-ups are huge gamble factors for the advancement of dental caries in youngsters [4].

Dental uneasiness

Dental uneasiness, otherwise called dental trepidation, is a mental condition portrayed by misgiving or dread related with dental methods. For kids, dental tension can be especially upsetting and may bring about evasion of dental visits, eventually prompting an absence of preventive consideration and expanded chance of dental issues [5].

Salivary cortisol

Cortisol, frequently alluded to as the "stress chemical," is delivered by the adrenal organs in light of pressure. It assumes a crucial part in the body's reaction to stretch, assisting with managing different physiological cycles. Cortisol can likewise be estimated in spit and has been utilized as a biomarker for stress and tension. At the point when the salivary cortisol levels were contrasted in kids and without dental caries, the salivary cortisol levels were viewed as expanded in youngsters with dental caries when contrasted with the salivary cortisol levels in youngsters without dental caries and the outcomes

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were measurably critical [6]. The hypothalamic-pituitary-adrenal (HPA) system releases neurotransmitters and hormones that elicit fear and slow brain activity when people are in stressful situations. Cortisol, specifically, assumes an essential part in the enactment of the HPA pivot following pressure. The reaction to stretch changes among people in view of elements like character, actual strength, and generally speaking wellbeing. Psychosocial factors like pressure, misery, and nervousness have been firmly connected to periodontal sicknesses, and persistent pressure can affect oral wellbeing in different ways. Stress can prompt a decline in salivary stream rate, and corticosteroids can instigate atrophic changes in major salivary organs, modifying spit piece and volume. Albeit no review has straightforwardly analyzed the connection between salivary cortisol emission and dental properties, openness to remedial corticosteroids has been displayed to cause hypoplasia, which expands powerlessness to dental caries [7]. Salivary cortisol, in spite of representing 50-60% of plasma cortisol levels, can act as an important marker for evaluating adrenocortical capability and feelings of anxiety. Past exploration has investigated the utilization of salivary cortisol as a biomarker for stress, for certain examinations zeroing in on its association with youth caries (ECC). Notwithstanding, the connection between salivary cortisol levels and dental caries experience in youngsters stays muddled. While some studies have not found any significant differences between children with and without caries, others have found that while dental treatment reduced salivary cortisol levels in children with caries, these levels remained higher than those of children who did not have caries.

Dental Tension and Dental Caries

Kids with more significant levels of dental nervousness were bound to display dental caries. Dental uneasiness can be a boundary to getting customary dental check-ups and keeping up with great oral cleanliness.

Suggestions for Pediatric Dental Consideration

The discoveries of this cross-sectional review highlight the requirement for an all-encompassing way to deal with pediatric dental consideration that considers both the physiological and mental parts of oral wellbeing [8].

Stress decrease: In pediatric dentistry, addressing dental anxiety and implementing stress-reduction strategies may have the potential to lower cortisol levels, resulting in improved oral health outcomes.

Early intercession: Distinguishing youngsters with dental uneasiness and giving proper intercessions can assist with forestalling the advancement of dental caries and other oral medical problems [9].

Awareness and instruction: Guardians, parental figures, and medical services suppliers ought to be taught about the expected effect of pressure and tension on youngsters' oral wellbeing. Ordinary dental check-ups, oral cleanliness rehearses, and a fair eating regimen are Page 2 of 2

fundamental for forestalling dental caries.

Collaboration: Cooperation between pediatric dental specialists, clinicians, and other medical services experts can guarantee an extensive way to deal with tending to the interaction between mental elements, similar to dental tension, and actual results, for example, dental caries [10].

Conclusion

The cross-sectional assessment of the connection between salivary cortisol, dental uneasiness, and dental caries in kids features the complicated transaction among mental and physiological variables in oral wellbeing. The discoveries highlight the significance of early mediation, stress decrease, and an extensive way to deal with pediatric dental consideration. Dental professionals can contribute to improved oral health outcomes and the overall well-being of young patients by addressing dental anxiety and reducing stress in children. This exploration makes the way for additional examinations and imaginative ways to deal with advancing oral wellbeing in the most youthful individuals from our general public.

References

- Kuroda S, Sakai Y, Tamamura N, Deguchi T, Takano-Yamamoto T (2007) Treatment of severe anterior open bite with skeletal anchorage in adults: Comparison with orthognathic surgery outcomes. Am J Orthod Dentofac Orthop 132: 599–605.
- Melsen B, Agerbaek N, Eriksen J, Terp S (1988) New attachment through periodontal treatment and orthodontic intrusion. Am J Orthod Dentofac Orthop 94: 104–116.
- Cohen-Levy J, Cohen N (2011) Computerized analysis of occlusal contacts after lingual orthodontic treatment in adults Int Orthod 9: 410–431.
- Magdaleno F, Ginestal E (2010) Side effects of stabilization occlusal splints: A report of three cases and literature review. CRANIO 28: 128–135.
- Crawford SD (1999) Condylar axis position, as determined by the occlusion and measured by the CPI instrument, and signs and symptoms of temporomandibular dysfunction. Angle Orthod 69: 103–115.
- Alexander SR, Moore RN, DuBois LM (1993) Mandibular condyle position: Comparison of articulator mountings and magnetic resonance imaging. Am J Orthod Dentofac Orthop 104: 230–239.
- Armijo-Olivo S, Rappoport K, Fuentes J, Gadotti IC, Major PW, et al. (2011) Head and cervical posture in patients with temporomandibular disorders. J Orofac Pain 25: 199–209.
- Hilgenberg PB, Saldanha AD, Cunha CO, Rubo JH, Conti PC (2012) Temporomandibular disorders, otologic symptoms and depression levels in tinnitus patients. J Oral Rehabil 39: 239–244.
- Forssell H, Kalso E, Koskela P, Vehmanen R, Puukka P, et al. (1999) Occlusal treatments in temporomandibular disorders: a qualitative systematic review of randomized controlled trials. Pain 83: 549–560.
- Fujii T, Torisu T, Nakamura S (2005) A change of occlusal conditions after splint therapy for bruxers with and without pain in the masticatory muscles. Cranio 23: 113–118.