

# - Transversal study on french national prevalence of dental decay in children (2006)

Responsable(s) :Desfontaine Jacques  
Hescot Patrick

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## Général

### Identification

Nom détaillé	Transversal study on french national prevalence of dental decay in children (2006)
Numéro d'enregistrement (ID-RCB ou EUDRACT, CNIL, CPP, etc.)	--

### Thématiques générales

Domaine médical	Odontology
Pathologie, précisions	sociodemographic factors, accidents and injuries, chronic diseases
Déterminants de santé	Social and psychosocial factors
Autres, précisions	tooth decay
Mots-clés	tooth decay, DF and DMF indexes, childhood, prevalence, social health inequalities, prevention

### Responsable(s) scientifique(s)

Nom du responsable	Desfontaine
Prénom	Jacques
Adresse	Union Française pour la Santé Bucco-Dentaire (UFSBD) - 7 rue Mariotte - 75017 Paris
Téléphone	+ 33 (0)1 44 90 72 80
Email	jacquesdesfontaine@ufsbd.fr
Organisme	Union Française pour la Santé Bucco-Dentaire (UFSBD) - Association loi
Nom du responsable	Hescot
Prénom	Patrick

Adresse	Union Française pour la Santé Bucco-Dentaire (UFSBD) - 7 rue Mariotte - 75017 Paris
Téléphone	+ 33 (0)1 44 90 72 80
Email	patrickhescot@ufsb.fr
Organisme	Union Française pour la Santé Bucco-Dentaire (UFSBD) - Association loi

## Collaborations

## Financements

Financements	Public
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Précisions	Ministère de la santé et des solidarités -Direction générale de la santé
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## Gouvernance de la base de données

Organisation(s) responsable(s) ou promoteur	Union Française pour la Santé Bucco-Dentaire (UFSBD)
Statut de l'organisation	Secteur Public

## Contact(s) supplémentaire(s)

## Caractéristiques

## Type de base de données

Type de base de données	Study databases
Base de données issues d'enquêtes, précisions	Repeated cross-sectional studies (except case control studies)
Origine du recrutement des participants	A population file
Le recrutement dans la base de données s'effectue dans le cadre d'une étude interventionnelle	No
Informations complémentaires concernant la constitution de l'échantillon	The population of children selected for each age group (1,300) is representative of the French population at this age. The sample is drawn from computer files supplied by the French Education Ministry's Prospective Evaluation Directorate. These comprise indications on the type of town in which

each school is based, as well as the number of children in school in the level.

Each school has a proportional probability of choice to the number of its pupils. Samples will be drawn non-exhaustively and put back once they've been picked (so the same school may possibly be picked several times). Cluster sampling is carried out, for each stratum, from schoolchildren by giving an estimation of the number of children concerned. The sampling is drawn from the 5,000 children necessary per age group. Only 26% of these children will be examined. So as to guarantee a certain safety margin (absent children, difference between the number of children in one age group and the year group to which they should belong...), a third of the age group is selected, i.e. the children born more or less 3 months from the exam date.

Whether or not the school belongs to a priority education zone (ZEP) is also looked into to ensure representativeness. Before analyzing the results, the samples are rectified so that they are strictly representative according to the criteria set at the outset by the stratification method and that the breakdown per stratum is an exact reflection of the structure observed in the sampling base.

## Objectif de la base de données

### Objectif principal

Perform reliable and representative studies in France of the dental health of school children from 6 to 12 years old and at regular intervals (every 5 years). Through these studies, it must be possible to assess the health, pathology, care administered and treatment needs of children as well as the trends in the population's dental health.

### Critères d'inclusion

children born between 1/07/1999 and 31/12/1999 for 6 year-old children  
children born between 1/01/1994 and 30/06/1994 for 12 year-old children

## Type de population

### Age

Childhood (6 to 13 years)

### Population concernée

General population

### Sexe

Male  
Woman

### Champ géographique

National

Détail du champ géographique

stratification on school type and size of town  
(sampling in clusters)

## Collecte

### Dates

Année du premier recueil 1987

Année du dernier recueil 2006

### Taille de la base de données

Taille de la base de données (en nombre d'individus) [1000-10 000[ individuals

Détail du nombre d'individus 2600

### Données

Activité de la base Data collection completed

Type de données recueillies  
Clinical data  
Declarative data  
Administrative data

Données cliniques, précisions Medical registration

Données déclaratives, précisions Face to face interview

Données administratives, précisions age, gender, profession and social category of parents

Existence d'une bibliothèque No

Paramètres de santé étudiés  
Health event/morbidity  
Health care consumption and services  
Others

Consommation de soins, précisions Medical/paramedical consultation

Autres, précisions prevention (habits, screening), social health inequalities

### Modalités

Nomenclatures employées For 6 year-old children, the following is listed: ? the mean DF index: mean number (and standard deviation) of teeth present, decayed teeth and temporarily filled teeth, ? the mixed DMF index:

mean number (and standard deviation) of teeth present, decayed teeth, missing teeth and mixed filled teeth, mean, ? the distribution of the DF index. For 6 and 12 year-old children, the following is listed: ? the mean CMF index: mean number (and standard deviation) of teeth present, decayed teeth, missing teeth and permanently filled teeth, ? the results on the first adult molars, ? the results on the other adult teeth, ? the proportions of children with no untreated decayed teeth ( $D = 0$ ) or affected teeth ( $DMF = 0$ ) as well as those without any trace of treatment ( $F = 0$ ), ? the treatment index calculated on children with at least one affected tooth ( $DF \neq 0$ ). It measures the proportion of teeth treated compared to all of the affected teeth - whether they are treated or not, ? the percentage of care needs expressed by the formula  $[F/DF = 0] + [0 < F/DF < 1]$ , ? the good dental health index, ? the other care needs (orthodontics, hygiene, gingivitis, tartar), ? the presence of injuries, ? the presence of crack and pit sealing, ? recourse to a dentist. For social categories and professions: INSEE PCS 2003 nomenclature

Suivi des participants

No

Appariement avec des sources administratives

No

## Valorisation et accès

### Valorisation et accès

Lien vers le document

<http://www.ufsbd.fr/index.php?Itemid>

### Accès

Charte d'accès aux données (convention de mise à disposition, format de données et délais de mise à disposition)

The results are analyzed and presented in the form of a listing for each item and index studied. The results' interpretation is subject to a report submitted to the French Directorate General for Health with results tables appended. A monograph of this report is published by the UFSBD and a PDF version of the document put online at [ufsbd.fr](http://ufsbd.fr). The survey is distributed on the database of the World Health Organization, since the UFSBD is the WHO collaborating center for the development of new education concepts and dental health practices.

Accès aux données agrégées

Access on specific project only

