

青少年口腔健康促進

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撰寫者：林子賢副教授 中國醫學大學口腔衛生學系前系主任

台灣口腔衛生科學學會第3屆理事長

本文主要針對國中及高中學童之口腔保健。一般民眾在國小畢業時剛剛完成換牙，意即進入國中以後，就是28顆恆牙(不含智齒)，沒有乳牙。因此，防齲措施的對象就是恆牙。另一方面，一般民眾的牙周健康狀況，通常也是在國中階段開始有較明顯病徵，因此需進行牙周之保健。

中學階段之醫學實證有效防齲措施，與小學一樣[1]。對一般學童而言，共有6項[2]：

1. 每日使用含氟牙膏刷2次牙[3]。
2. 其中1次在睡前，另1次視個人方便時間[4]。(校方可考慮比照小學，在午餐後統一實施)
3. 牙膏氟離子濃度要在1350至1500 ppm之間[3,5]。(超氟牙膏)
4. 刷完牙吐出即可，不用水漱口，以保持口腔內氟離子濃度[6]。
5. 含糖飲食之量及次數要減少[7,8]。
6. 每半年塗氟漆1次[9,10]。(說明：目前全額補助到滿6歲，且需專業處置)

目前臺灣學童口腔健康狀況不夠理想，與上述6項未完全達成有關。中學校園口腔健康促進，應依上述6項，研擬有效推動策略與措施。其中第6項需要由教育部與衛福部共同努力。

如果是高關懷學童，例如現況有蛀牙、正在矯正牙齒、有乾口症、有特殊需求者，因為蛀牙風險較高，除了上述6項每項都要做之外，還需增加防齲措施[2]，例如：

1. 每天使用含氟漱口水(NaF濃度為0.05%)1次，使用時機要和刷牙錯開[11]。
2. 第二大臼齒要施作窩溝封填[12]。(說明：第一大臼齒已有全額補助，且需專業處置)
3. 每年塗氟漆2次以上[9]。(說明：目前全額補助到滿6歲，且需專業處置)

上述一般中學生的第 6 項，及高關懷學童的後 2 項，目前都需自費，會有健康不均等及施作率不高的問題，政府有關部門應研擬有效對策。

關於牙周健康，在國中階段要開始強化牙菌斑(牙垢)之有效清除[13]及牙齦之保健[14]。醫學實證有效措施如下所列：

1. 刷牙時要刷到牙齦溝[15]。(目前適用的刷牙法是貝氏或改良式貝氏)
2. 一般手動牙刷或電動牙刷[16, 17]。(可透過口腔醫學專業諮詢)
3. 牙縫之牙菌斑要每日使用 1 次牙間刷(較大牙縫)[18]或牙線(較小牙縫)[19]，在刷牙之前。
4. 每半年洗牙 1 次[13]。(目前滿 13 歲有健保給付)

其中要注意的是，每日有效去除牙菌斑，遠比每半年洗牙 1 次更為重要[13]，不可在平時疏忽，而只等著去洗牙。反之，縱使每日致力於有效去除牙菌斑，仍需要每半年洗 1 次牙。臺灣目前剛滿 13 歲之國中生，洗牙施作率不高，校方可思考各種提升施作率之教學與行政措施，其他各項實證有效口腔保健措施，亦同。

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