EFFECTS OF MATERNAL DEPRESSION AND ORAL HEALTH ON CHILD ORAL HEALTH

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BACKGROUND

• Individuals in the Appalachian region experience disparities in oral health (Martin, McNeil, Crout, Ngan, Weyant, Heady, & Marazita, 2008).

• Maternal oral health has a relationship with child oral health (Mattila, Rautava, Sillanpää, & Paunio, 2000).

• Depression has been shown to lead to poorer oral healthcare (Okoro, Strine, Eke, Dhingra, & Balluz, 2012).

The current study seeks to:

• Replicate association between depression and oral health.
• Replicate association between mother and child oral health.
• Understand the possible impact of maternal depression on child oral health.

RESULTS

• Maternal depression is negatively correlated with child dMFT scores (r = .11, p = .03).
• Maternal oral health (95%CI: .0006, .0178) mediated the relation between maternal depression and child oral health (F(2, 401) = 14.85, p < .01).
• Maternal oral health accounted for 6.9% of the variance in the model.

DISCUSSION

• Maternal depression associated with maternal oral health, and thus, child oral health.

• Depression may make it difficult for mothers to care for their own dental hygiene or that of their child.

• Maternal depression should be considered when developing oral healthcare interventions for Appalachian mothers.

• Maternal depression consideration during oral healthcare interventions for Appalachian children.

METHODS

Participants
404 Appalachian mother-child dyads.

• M age mother = 34.1 years, SD = 5.1
• M age child = 4.1 years, SD = 0.9

Center for Epidemiologic Studies Depression Scale (CESD)
• Utilized to obtain intensity of depression symptoms in mothers.

Dental Exam
• Performed by a calibrated dental professional.
• Assessed for cavities using the decayed, missing, and filled teeth (DMFT for mothers, dMFT for children)

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