

## The Parallel Function of Objective and Subjective Indices of Oral Health

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In considering the importance of general health among children and adolescents, it is essential to identify the basic foundations of health which according to many is "food". Food enters the body through mouth and the teeth take the duty of crushing and sending it down to other parts of the body. Thus, one of the most versatile actors in maintaining the general health enhanced is "the teeth". In other words, one imperative demand of staying healthy in general is having healthy oral [1,2].

Adverse oral health imposes several physical, psychological, economical, and even social effects on child and the family [3-5]. The perception of these side effects is defined as Oral Health Related to Quality of Life, OHRQoL [6,7]. The recommendation of the World Health Organization (WHO) is to include oral health as one of the official fundamentals of the general health management in all school years all over the world [8-10].

Among the indicators evaluating oral health, decayed, missing, and filled teeth; dmft (objective expert- based) index, and OHRQoL (subjective individual-based) index are introduced by WHO and other relevant health authorities [11,12].

The idealistic pattern is that the first step be taken by dmft starting with the eruption of the teeth. That is, the expertise health management takes the preventive steps before the individual suffers adverse oral health.

Promoting OHQoL needs launching mandatory health educational programs for parents and care givers to participate in and continues monitoring.

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