



Early Childhood Caries: a Family–Centred Disease

doi 10.23804/ejpd.2025.26.02.01

editorial

We know that ECC (Early Childhood Caries) has a multifactorial aetiology, in which dietary factors play a particularly significant role.

Early childhood is a critical period during which exposure to various foods and flavours significantly shapes dietary preferences and future eating behaviours. Early dietary patterns can also influence bacterial ecology, including the colonisation of *Streptococcus mutans*, whose presence is a strong predictor of future caries incidence in young children.

Early exposure to sugary foods and beverages can, therefore, have important consequences, laying the groundwork for future cariogenic dietary patterns or shaping acidogenic bacterial populations in the oral cavity.

The American Heart Association recommends avoiding added sugars in food and beverages for children under two years of age. Furthermore, the American Academy of Pediatrics advises against introducing fruit juices before 12 months of age and recommends limiting their consumption to no more than four times per week for children aged one to three years.

ECC also shares common risk factors with other non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, and obesity. Therefore, strategies for the prevention of dental caries should aim not only at ensuring proper oral hygiene but also at promoting appropriate dietary habits from early childhood—namely, limited intake of sugar-sweetened beverages (SSBs) and refined foods.

In this context, parents can and must play a crucial role by providing their children with healthier dietary choices and behaviours.

We must thus consider early childhood caries as a condition whose origins—and solutions—lie within the family environment: children learn habits from those who care for them and control what, when, and how they eat.

Changing a family's dietary habits is undoubtedly challenging, but we must recognise that interventions in ECC cases—especially early forms—necessarily require a family-centred approach.

It is therefore essential to work in close collaboration with experienced nutritionists to collect data on dietary habits, identify unhealthy patterns, and design balanced, healthy diets for the entire family—supporting a virtuous path toward overall, not just oral, health.

Luigi Paglia

Editor in chief - European
Journal of Paediatric
Dentistry