

Mouthguards reduce dental injuries and associated costs in Ladies Gaelic football

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Abstract

Aim

To investigate whether the implementation of mandatory mouthguard use in Ladies Gaelic football has successfully reduced dental injuries and associated costs.

Methods

The dental injury incidence and associated costs in Ladies Gaelic football were examined from 2011-2019 using the LGFA Injury Fund. Comparisons were made for adults pre (2014-2016) and post (2017-2019) and juveniles pre (2011-2013) and post (2014-2016) introduction of mandatory mouthguard use. The frequency and cost of injury claims were calculated for the overall sample, and for adults and juveniles individually. Claim rates per 1000 players, per 1000 adults and per 1000 juveniles were calculated.

Results

From 2011-2019, 177 claims were made for dental injuries in the LGFA across all age groups. These claims had a sum cost of €169,791.84, with a mean cost of €968.54 per claim. Overall dental claim costs fell by 51.7% in the three years post-mandatory mouthguard introduction, when compared to the three years prior. Adult costs reduced by 53.8%, while juvenile costs reduced by 44%. IRR (95% CI) was calculated as 0.43 (0.29-0.64) overall, 0.38 (0.23-0.65) in adults, and 0.51 (0.28-0.93) in juveniles.

Discussion

Mandatory mouthguard use is a cost-effective method to reduce dental injuries and associated costs in community sports.

Introduction



Ladies Gaelic football is a women's national sport in Ireland and governed by the Ladies Gaelic Football Association (LGFA)¹. It is the most popular women's sport to play and watch in Ireland¹. Ladies Gaelic football is a high-intensity, multi-directional sport which requires an array of physical demands from its players, such as the ability to accelerate/decelerate, sprint at maximal velocity, jump, land, catch, kick and hand pass, turn, and solo with the ball while running². These demands, as well as the possibility of contact can lead to a significant risk of injury in Ladies Gaelic football. Injuries are common in Ladies Gaelic football, with match and training injury rates recorded at 42.28 and 7.93 injuries per 1000 hours, respectively¹.

Dental injuries can carry a significant financial burden, combined with time and aesthetic issues³. In Ladies Gaelic football, 2% of all claims from 2012-2020 were due to dental injuries⁴ and these accounted for 2.9% of all associated claim costs⁴. Dental injuries are also a major cause for concern in men's Gaelic football, with 2,677 insurance claims related to dental injuries between 2007-2015⁵, and they accounted for roughly 3% of injuries that presented to primary care in a single season⁶. When dental injuries occur in childhood, they are often associated with extensive dental treatments which may result in poorer oral health-related quality of life outcomes, especially in more severe injuries^{3,7}. Thus, efforts to mitigate these injuries are essential. Mandatory mouthguard use has been suggested as a method to reduce dental injuries and the high costs associated with them⁸. Mouthguards increase the surface area over which impact forces are applied, resulting in a more equal distribution of forces across the mouth and reducing the stress on a singular tooth⁹. A previous meta-analysis on multiple field and court sports demonstrated that those who wear mouthguards are significantly less likely to suffer an impact related traumatic dental injury than those who do not¹⁰.

The LGFA Injury Fund is an injury scheme implemented by the LGFA which aims to reduce the financial burden of injuries on players, coaching staff, and officials through reimbursement of medical expenses associated with injury sustained during training or match play in Ireland or Britain¹¹. The LGFA Injury Fund is financed via registration fees of LGFA members. If a member has their own private medical insurance, the LGFA Injury Fund covers excess expenses. Injured members must submit an injury claim form to the LGFA for evaluation. If approved, the LGFA Injury Fund reimburses dental expenses up to €3000 and loss of income up to €200 per week for a maximum of 20 weeks⁴. Thus, the LGFA Injury Fund is a useful resource to examine the impact of any injury prevention strategies that aim to reduce injury risk in Ladies Gaelic football. Mouthguards were made mandatory for adult Ladies Gaelic football players on the 1st of January 2017, and for juveniles on the 1st of January 2014. However to date, no published research has examined the effectiveness of implementing mandatory mouthguards in the community sport of Ladies Gaelic football. Thus, this study aims to investigate whether the implementation of mandatory mouthguard use in juvenile and adult Ladies Gaelic



footballers has led to a reduction of dental injuries and their associated costs in Ladies Gaelic football.

Methods

Dental injuries from the LGFA Injury Fund between 2011 and 2019 were examined. Ethical approval was granted by Dublin City University's research ethics committee. The LGFA Injury Fund records all injuries which resulted in a claim in Ladies Gaelic football. LGFA Injury Fund data are reported every year in October and include all approved injury claims from the previous 12 months. This information allows us to compare the data pre- and post-mandatory introduction of mouthguard use. Dental injuries and associated costs were compared for adults pre- (2014-2016) and post- (2017-2019) and juveniles pre- (2011-2013) and post- (2014-2016) mandatory implementation of mouthguards. All approved dental injury claims contained in the LGFA's internal annual reports from 2014 to 2019 for adults and 2011-2016 for juveniles were included in this study. Anonymised claim data was extracted from the LGFA's database and delivered to the research team in a Microsoft Excel spreadsheet. Data included information on age group (adult/juvenile), total cost of injury, and the specific medical expenses incurred in the treatment of that injury.

Analysis of the data was performed in Microsoft Excel (version 2016; Microsoft Corp, Redmond, WA) and IBM SPSS version 27 (IBM Corp., Armonk, N.Y.). Age groups were classified as juvenile (<18 years) or adult (≥18 years). Claim year data were used over report year data to ensure claims were not incorrectly categorised in a year with different mouthguard rules. One claim (0.01% of claims) contained missing data, with the injured party's age group being absent. This claim was excluded from the age group analysis but included in all other analyses.

The total and annual frequency of dental injury claims and costs to the LGFA Injury Fund were calculated for the full sample, as well as for the adult and juvenile age groups to allow for comparison. Mean claim cost ± standard deviation (SD) was calculated for each year and overall, for both groups and for all dental claims. Overall, annual, and mean costs have been adjusted for inflation and reported in 2019-euro values. Ireland's Consumer Price Index¹², the official inflation measure in Ireland was employed to calculate inflation for each individual year. Dental claim rates were calculated per 1000 players, per 1000 adults and per 1000 juveniles. This was done using the following method, for the whole sample, and for adults and juveniles separately:

 ${\rm Claim}\; {\rm Rate} = \frac{{\rm number}\; {\rm of\; injury\; claims}}{{\rm number}\; {\rm of\; players}} \times 1000$



The 95% confidence interval (CI) for each claim rate was calculated using Poisson distribution. The overall, annual, and mean costs and the claim rates for both groups and the total sample were then evaluated pre- and post-mouthguard rulings to determine the percentage difference. For the claim rates, the incidence rate ratio (IRR), percentage change $(100 \times [IRR - 1])$ and odds ratio (OR) were also presented.

Results

Between 2011 and 2019, 177 dental injury claims were made in the LGFA across all age groups, with a total cost of \in 169,791.84, and mean cost of \in 968.54 per claim. Overall, Ladies Gaelic footballer's odds were 2.34 times higher to suffer dental injuries prior to the introduction of the mandatory mouthguard rule, while adult and juvenile players odds were 2.61 times and 1.96 higher respectively. The IRR was calculated as 0.43 for total players, 0.38 for adults, and 0.51 for juveniles. Combined, there was an overall reduction in total dental claim costs of 51.7% in the three years after mandatory mouthguard introduction, when compared to the three years prior (**Table 1**).

Table 1 – Claim rates pre- and post-rule introduction per 1000 players in Ladies Gaelic football

Total Claim Rates	OR	Claim Rate	IRR (95% CI)	Percentage Change (%)
Claim rate per 1000 players (pre)		0.37	0.43	
Claim rate per 1000 players (post)			(0.29-	57.2
		0.16	0.64)	
Claim rate per 1000 adult players		1.10	0.38	
(pre)	2 61		(0.23-	61.7
Claim rate per 1000 adult players	2.61 players		•	01.7
(post)			0.65)	
Claim rate per 1000 juvenile players		0.18	0.51	
(pre)	1.00			40.0
Claim rate per 1000 juvenile players	1.96	0.09	(0.28-	49.0
(post)			0.93)	

Note: IRR = Incidence rate ratio, CI = Confidence Interval.

In the three years prior to mandatory mouthguard introduction (2014-2016) in adults there were 45 dental injury claims with associated costs of $\in 67,368.48$, compared to the three years post-rule introduction (2017-2019) where there were 20 claims costing $\in 31,100.98$ (53.8% reduction) (Table 2).



	Total claims (N)	Sum (€)	Average (Mean ± SD) (€)
<u>Pre-rule</u>	change		
2014	14	19023.28	1358.81 ± 1226.23
2015	13	14927.24	1148.25 ± 812.33
2016	18	33417.96	1856.55 ± 1381.83
TOTAL	45	67,368.48	
Post-rul	<u>e change</u>		
2017	8	10388.12	1298.52 ± 1214.78
2018	6	11746.47	1957.74 ± 2687.80
2019	6	8966.39	1494.40 ± 1682.79
TOTAL	20	31,100.98	1519.05 ± 1500.96
Note: N =	number of claims, S	D = standard deviation.	

Table 2 – Annual claims and costs of dental injuries in adult Ladies Gaelic Football players pre- and post-rule introduction

In the three years prior to mandatory mouthguard introduction (2011-2013) in juveniles there were 28 dental injury claims with associated costs of €18,948.50, compared to the three years post-rule introduction (2014-2016) where there were 17 claims costing €10,603.65 (44% reduction) (Table 3).

Table 3 – Annual claims and costs of dental injuries in juvenile Ladies Gaelic football players
pre- and post-rule introduction

	Total claims (N)	Sum (€)	Average (Mean ± SD) (€)			
Pre-rule change						
2011	4	3,041.12	760.28 ± 831.60			
2012	4	3,236.90	809.23 ± 904.20			
2013	20	12,670.48	633.52 ± 687.12			
TOTAL	28	18,948.50				
Post-rule change						
2014	6	4,138.51	689.75 ± 523.59			
2015	6	3,839.12	639.85 ± 792.53			
2016	5	2,626.02	525.20 ± 558.55			
TOTAL	17	10,603.65	676.31 ± 716.27			

Note: N = number of claims, SD = standard deviation.

Discussion

The introduction of a rule on mandatory mouthguard use in the community sport of Ladies Gaelic football has been effective in reducing dental injury claim rates and associated costs. This finding supports previous research in handball¹³, hockey^{10,14}, basketball¹⁵ and rugby



union¹⁶. Similar to the findings of the current study, a meta-analysis published in 2007 found that athletes across multiple sports wearing mouthguards were 1.6-1.9 times less likely to suffer dental injuries¹⁷.

However, while a reduction in dental injuries was observed, dental injuries do still occur with dental injuries accounting for 1.2% of all injuries and costs of €14326.39 in 2019. Thus, adherence to mouthguard use across all Ladies Gaelic football activities may be an issue. Despite athletes across multiple sports such as water polo, karate, taekwondo and handball understanding the importance and benefits of mouthguards⁸, adherence in wearing mouthguards consistently in all training and games was identified as a substantial issue in the community sport setting with only 41% of study participants using them⁸. Anecdotally, when working with Ladies Gaelic football and athletes in general, it is commonly noted that many athletes don't wear their mouthguards in training, or wear mouthguards which they have personally modified. No research to date has examined mouthguard use adherence and perceptions and attitudes towards mouthguard use in Ladies Gaelic football and this is recommended.

The type of mouthguards worn may also impact dental injury rates and may impact their effectiveness in reducing dental injuries¹⁴. Among the 106 children playing Gaelic Football in one study, 81.1% of their mouthguards had inadequate retention, meaning they could be easily dislodged¹⁸. Mouthguards vary in terms of design, costs, and level of protection¹⁴. There are three main types of mouthguards; pre-fabricated, mouth-formed, and custom-made (14). The custom-made mouthguard is the most effective¹⁹ and should be recommended for use in sporting activity. Mouthguards which are not custom-made are less effective due to potential looseness^{19,20}, reduced length²¹ and reduced thickness^{19,22}. Thus, Ladies Gaelic footballers should be advised to purchase custom-made mouthguards where possible and educated on their benefits over generic mouthguards. Further awareness in the juvenile population in particular may be needed as a recent Irish study noted that only 3.8% of Irish children partaking in contact sport wore custom mouthguards¹⁸. To accommodate for rapid growth of the mouth and jaw, it is recommended juvenile players replace their mouthguard annually²³. Thus, education on regular mouthguard replacement is required for juvenile parents, coaches and parents.

As mouthguards are mandatory in all Ladies Gaelic football activities, if a player does not wear a mouthguard or wears a modified mouthguard, they are not covered by the LGFA Injury Fund¹¹. If a dental injury occurs, the player is consequentially liable to cover the financial implications of this injury. Thus, it is essential that education on the importance of wearing mouthguards during all Ladies Gaelic football activities, not solely just games but also training and individual sessions is undertaken. Increasing player awareness on the importance of not



modifying mouthguards, and the potential additional dental injury risk and financial implications of this is also essential.

Despite being the first study to look at the effectiveness of mandatory mouthguard use in Ladies Gaelic football, this study has limitations. The study is retrospective in design, so causality can't be directly applied to mouthguards. Due to the nature of injury claim databases, injuries which are more expensive or more severe are more likely to be reported, which may lead to some athletes who may have had minor dental injuries not reporting them, and thus a misrepresentation of overall injuries and costs²⁴. Also, claims are only made to the LGFA Injury Fund after a claim has been made with the insurer. Therefore, if the injured athlete has private medical insurance, the actual number of injuries and associated costs may be higher than presented in the current study. Information such as injury severity and injury mechanism are not available through the LGFA Injury Fund. This would have allowed for a more in-depth analysis.

In conclusion, mandatory mouthguard use is effective in reducing dental injuries and associated costs in Ladies Gaelic football and should be recommended in other community sports where dental injuries occur. Further research on athlete's adherence to wearing mouthguards, their attitudes towards mouthguard use and mouthguard modification is recommended. An education campaign is necessary to increase awareness for players, coaches and parents of juvenile players on the importance of wearing properly fitted, non-modified mouthguards during both training and match play.

Declarations of Conflicts of Interest:

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References:



- O'Connor S, Bruce C, Teahan C, McDermott E, Whyte E. Injuries in Collegiate Ladies Gaelic Footballers: A 2-Season Prospective Cohort Study. J Sport Rehabil. 2020 May 29;30(2):261–6.
- 2. Murphy JC, O'Malley E, Gissane C, Blake C. Incidence of Injury in Gaelic Football: A 4-Year Prospective Study. Am J Sports Med. 2012 Sep 1;40(9):2113–20.
- 3. Zaror C, Martínez-Zapata MJ, Abarca J, Díaz J, Pardo Y, Pont À, et al. Impact of traumatic dental injuries on quality of life in preschoolers and schoolchildren: A systematic review and meta-analysis. Community Dent Oral Epidemiol. 2018;46(1):88–101.
- O'Connor S, Whyte E, Fortington L, Corrigan J. The cost of injury in Ladies Gaelic football: A nine-year analysis (2012–2020) of the LGFA's Injury Fund. J Sci Med Sport [Internet].
 2022 Oct 17 [cited 2022 Oct 27]; Available from: https://www.sciencedirect.com/science/article/pii/S1440244022004418
- 5. Sexton PF, Courtney R, Dhaibheid CM, Barry T, McCann PJ. Dental injuries in Gaelic Games: A review of insurance injury claims of 2007–2015. Br J Oral Maxillofac Surg. 2017 Dec 1;55(10):e142.
- Crowley J, Jordan J, Falvey E. A comparison of Gaelic football injuries in males and females in primary care. 2011 Oct [cited 2022 Oct 27]; Available from: https://www.lenus.ie/handle/10147/215170
- 7. Shore E, O'Connell AC. Cross-sectional cohort study on the use of mouthguards by children playing Gaelic football in Ireland. Dent Traumatol. 2021;37(6):795–802.
- 8. Galic T, Kuncic D, Poklepovic Pericic T, Galic I, Mihanovic F, Bozic J, et al. Knowledge and attitudes about sports-related dental injuries and mouthguard use in young athletes in four different contact sports—water polo, karate, taekwondo and handball. Dent Traumatol. 2018;34(3):175–81.
- 9. Hoffmann J, Alfter G, Rudolph NK, Göz G. Experimental comparative study of various mouthguards. Dent Traumatol. 1999;15(4):157–63.
- 10. Fernandes LM, Neto JCL, Lima TFR, Magno MB, Santiago BM, Cavalcanti YW, et al. The use of mouthguards and prevalence of dento-alveolar trauma among athletes: A systematic review and meta-analysis. Dent Traumatol. 2019;35(1):54–72.
- 11. Injury Fund [Internet]. Ladies Gaelic Football. [cited 2023 Apr 26]. Available from: https://ladiesgaelic.ie/resources/injury-fund/



- 12. CPI Inflation Calculator interactive comparison app | CSO Ireland [Internet]. [cited 2022 Nov 12]. Available from: https://visual.cso.ie/?body=entity/cpicalculator
- 13. Lang B, Pohl Y, Filippi A. Knowledge and prevention of dental trauma in team handball in Switzerland and Germany. Dent Traumatol. 2002;18(6):329–34.
- 14. Parker K, Marlow B, Patel N, Gill DS. A review of mouthguards: effectiveness, types, characteristics and indications for use. Br Dent J. 2017 Apr;222(8):629–33.
- 15. Labella CR, Smith BW, Sigurdsson A. Effect of mouthguards on dental injuries and concussions in college basketball. Med Sci Sports Exerc. 2002 Jan 1;34(1):41–4.
- 16. Quarrie KL, Gianotti SM, Chalmers DJ, Hopkins WG. An evaluation of mouthguard requirements and dental injuries in New Zealand rugby union. Br J Sports Med. 2005 Sep 1;39(9):650–1.
- Knapik JJ, Marshall SW, Lee RB, Darakjy SS, Jones SB, Mitchener TA, et al. Mouthguards in Sport Activities History, Physical Properties and Injury Prevention Effectiveness. Sports Med. 2007 Feb 1;37(2):117–44.
- Shore E, O'Connell AC. Assessment of mouthguards worn by Irish children playing contact sports: an observational cross-sectional cohort study. Eur Arch Paediatr Dent [Internet]. 2022 Nov 17 [cited 2022 Nov 27]; Available from: https://doi.org/10.1007/s40368-022-00763-1
- 19. Newsome PRH, Tran DC, Cooke MS. The role of the mouthguard in the prevention of sports-related dental injuries: a review. Int J Paediatr Dent. 2001;11(6):396–404.
- 20. DeYoung AK, Robinson E, Godwin WC. Comparing comfort and wearability: custom-made vs. self-adapted mouthguards. J Am Dent Assoc 1939. 1994 Aug 1;125(8):1112–8.
- 21. Kuebker WA, Morrow RM, Cohen PA. Do Mouth-Formed Mouth Guards Meet the NCAA Rules? Phys Sportsmed. 1986 Jun 1;14(6):69–74.
- 22. Westerman B, Stringfellow PM, Eccleston JA. EVA mouthguards: how thick should they be? Dent Traumatol. 2002;18(1):24–7.
- 23. Mf M. Sports and mouth protection. Gen Dent [Internet]. 1990 Oct [cited 2022 Nov 27];38(5). Available from: https://pubmed.ncbi.nlm.nih.gov/2088936/
- 24. Åman M, Forssblad M, Henriksson-Larsén K. Insurance claims data: a possible solution for a national sports injury surveillance system? An evaluation of data information against



ASIDD and consensus statements on sports injury surveillance. BMJ Open. 2014 Jun 1;4(6):e005056.