family income trajectories. Well-known confounders were taken into account in the multivariable models.

RESULTS: Adjusted analyses showed adolescents who were always poor presented a 53% higher average of GB than those who were never poor. Poverty at birth increased rates of adolescents’ gingival bleeding by 24% regardless of current family income. After adjusting for mother’s education level and toothbrushing frequency, the number of decayed (D) and filled (F) tooth increase over year 6 to year 18 were significantly associated with family income trajectory and dental caries index (DMFT) at age 6. The incident rate ratios (RR) of D compared to the group of stable high-incomes was 2.53 (95% CI 1.60–4.03) for stable low-incomes, 1.86 (95% CI 0.99–3.48) for downward, 1.71 (95% CI 0.99–2.95) for upward respectively. The RR of F with stable low incomes group compared to stable high incomes was 0.56 (95% CI 0.36–0.87).

CONCLUSIONS: Family income mobility may have impact on dental outcomes during lifetime.