FDI DRAFT POLICY STATEMENT (revision)

Preventing Oral Diseases

Revision submitted for adoption by the General Assembly:
September 2016, Poznan, Poland
Original version adopted by the FDI General Assembly:
October 1998, Barcelona, Spain
Revised version adopted by the General Assembly:
26th September 2008, Stockholm, Sweden

CONTEXT

Oral diseases have a negative impact on general health and well-being, with the greatest burden falling on the young, disadvantaged, underprivileged and ageing populations. The principal diseases are dental caries, periodontal diseases and oral cancer. Simple and relatively inexpensive measures such as education on oral hygiene practices and diet, use of fluoride, self-compliance, early screening and appropriate interventions prevent, or at least reduce, the high burden of oral diseases. In addition, studies have shown the existence of a relationship with systemic diseases such as cardiovascular diseases and diabetes. Furthermore, oral diseases have a negative impact on quality of life, affecting physical, psychological and social wellbeing.

Since 2008, there has been an increase in knowledge on the subject and in particular on the understanding of the effect of risk/protecting factors in systemic diseases.

SCOPE

Barriers to achieving optimal oral health include: low socio-economic status, lack of oral health literacy and education, and lack of access to care. Furthermore, low prioritization of public oral health in relation to general health policy also results in a lower perceived need and, at times, inadequate resource allocation and management. Preventive and health promoting approaches based on common protective factors such as brushing, flossing, fluoride rinse, healthy nutrition, reduction on sugar consumption, cessation of tobacco use and limiting the consumption of alcohol apply to maintain good oral and general health.

DEFINITIONS

Prevention, together with health promotion and treatment, are important ways in which to lower the risk of oral diseases and minimize their impact on general health.

PRINCIPLES

This policy statement seeks to further oral health in all health policies at national and international level and emphasize the interaction with general health in achieving oral disease prevention.

POLICY

FDI World Dental Federation supports the view that:

- General populations, health care providers, policy and decision makers, and other stakeholders should be educated towards the understanding that oral health is an integral part of general health.
- Members of health professions, governments, intergovernmental, non-governmental organizations, and the media, among- others, need to promote the understanding that most oral diseases can be prevented.
- Inter-professional collaboration between stakeholders needs to adopt relevant and practical oral health approaches that are integrated into the prevention of other chronic non-communicable diseases.
- Undergraduate training should emphasize prevention rather focusing on curative models
- National health policies and programmes should be aimed towards preventing oral diseases and promoting and maintaining oral health.

KEYWORDS

Prevention, oral health policy, oral diseases, professional interaction, Non-communicable diseases, inter-professional collaboration.

DISCLAIMER

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

REFERENCES

1. Jin LJ, Lamster IB, Greenspan JS, Pitts NB, Scully C, Warnakulasuriya S. Global burden of oral diseases: emerging concepts, management and interplay with systemic health. Oral Dis. 2015. doi: 10.1111/odi.12428.
2. WHA53.17 - Prevention and control of noncommunicable diseases (World Health Assembly Resolution).
3. Brocklehurst P, Kujan O, O'Malley LA, Ogden G, Shepherd S, Glenny AM. Screening programmes for the early detection and prevention of oral cancer. Cochrane Database of Systematic Reviews 2013, Issue 11. Art. No.: CD004150. DOI: 10.1002/14651858.CD004150.pub4.
4. Varenne, Benoit. « Integrating Oral Health with Non-Communicable Diseases as an Essential Component of General Health: WHO's Strategic Orientation for the African Region ». Journal of Dental Education 79, no 5 Suppl (mai 2015): S32-37.
5. Broadbent JM, Thomson WM, Boyens JV, et al. Dental plaque and oral health during the first 32 years of life; J Am Dent Assoc 2011 142: 415–426.
6. Ismail A I, Tellez, M, Pitts N B, et al. Caries management pathways preserve dental tissues and promote oral health. Community Dent Oral Epidemiol 2013, 41-1; e12-40
7. Petersen PE. The World Oral Health Report 2003. Continuous improvement of oral health in the 21st century. Geneva: WHO; 2003.
8. E. Moss, Manthan H. Patel, Jayanth V. Kumar and Mark. Diabetes and tooth loss: An analysis of

data, Examination Survey from the National Health and Nutrition: 2003-2004 JADA 2013;144(5):478-485
9. Bishal Bhandari, Jonathon T Newton and Eduardo Bernabe. Social inequalities in adult oral health in 40 low- and middle-income countries Division: International Dental Journal 2016
10. Jansson, H.; Wahlin, Å.; Johansson, V.; Åkerman, S.; Lundegren, N.; Isberg, PE.; Norderyd O. Impact of periodontal disease experience on oral health-related quality of life. J Periodontol. 2014; 85(3): 438-45
11. da Silva, O. M. and Glick, M. (2012), FDI Vision 2020: a blueprint for the profession. International Dental Journal, 62: 277. doi: 10.1111/idj.12011