

TOOTH DECAY AND GUM DISEASE



Recommendations for the oral healthcare team

Highlights of Perio Workshop 2016 on the Boundaries Between Dental Caries and Periodontal Diseases - jointly organised by the EFP and ORCA.

Compiled by **Prof Nicola West** from the consensus reports of the working groups chaired by **Prof Mariano Sanz**, **Prof Søren Jepsen**, **Prof Iain Chapple**, and **Prof Maurizio Tonetti**.



Gum Disease and Tooth Decay

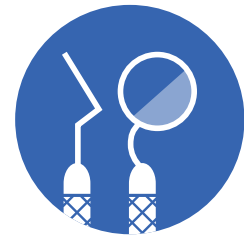
interactions and similarities between
the most widespread oral conditions



Gum Disease and Tooth Decay (Caries) continue to be major public health problems worldwide.



Severe Periodontitis is a major cause of tooth loss in adult population.



Untreated Caries and Periodontitis may have severe consequences and lead to tooth loss.

 **Perio
& Caries**

Gum Disease and Caries can be both preventable

10%

10% of the global population are affected by severe Periodontitis.
743 million people affected.



1 in 3 people are affected by caries.

6

Severe Periodontitis is the sixth most common disease globally.

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Teeth are **for a lifetime**

Periodontal diseases and dental caries are the most common non-communicable diseases of mankind and the main cause of tooth loss. Both diseases can lead to nutritional compromise and a negative impact on self-esteem and quality of life.

The dental biofilm is a major biological determinant common to the development of both diseases, which share common risk factors and social determinants, important for their prevention and control.

Most recent scientific discussion points out that similar preventive approaches, based around routinely performed oral hygiene with a fluoride toothpaste, are effective with for both periodontal diseases and dental caries.

Due to worldwide population growth and increased tooth retention, the number of people affected by dental caries and periodontitis has grown, thus increasing the total burden of these diseases globally, mainly in the older population.

All members of the oral healthcare team have a role to play in educating and motivating patients to reduce their intake of free sugars, to practice proper dental plaque control and encourage smoking cessation. Effective preventive and therapeutic interventions are available to manage both dental caries and periodontal diseases.

Over the last two decades, progress in prevention and treatment of dental caries and periodontal diseases has led to better oral health. However, due to increasing expectations of good oral, health-related wellbeing and quality of life in older age, this poses formidable challenges for clinical care and healthcare systems.

Teeth are for a lifetime. Take Action!

Recommendations about periodontal diseases and dental caries

Periodontal diseases

Dental Biofilm is the major determinant of periodontitis. Risk for periodontitis has a strong inherited component, but lifestyle, environmental factors and behaviours are key to determining whether the disease develops or progresses. Data supports the role of a genetic component cause to periodontal diseases that could be modified by lifestyle (acquired) and environmental factors.

Prevalence of periodontitis is lower in females than males. Data suggests that there is a major peak of severe periodontitis between 30 and 50 years of age, however the onset of periodontitis can occur years before.

There is a correlation between lower socio-economic status and higher prevalence of periodontitis.

- ✓ Recommend that **fluoride toothpaste can be supplemented by adjunctive chemical plaque control agents** to manage gingivitis for the primary prevention of periodontitis.
- ✓ **Engage the entire oral healthcare team to give advice and support** on smoking cessation and refer, where necessary, to specialist services.
- ✓ **Engage** in discussions on **weight loss** and calorie restriction strategies.
- ✓ **Increase awareness of importance** of vitamin D and antioxidant micronutrients through natural dietary sources, especially for the elderly.
- ✓ **Encourage adherence** to glycaemic control regimes in individuals with diabetes

Dental caries

Dietary fermentable Carbohydrates (sugars, starches) are a necessary component for dental caries initiation and progression. Data supports the role of a genetic component in dental caries susceptibility.

Susceptibility varies substantially throughout the life course, being particularly high in the young. Elders are also more vulnerable.

There is a correlation between lower socio-economic status and higher dental caries risk.

- ✓ **Recommend use** toothpastes containing fluoride agents for the control of dental caries.
- ✓ **In addition** to home-use high fluoride toothpastes, consider professional fluoride application for individuals at a high dental caries risk.
- ✓ **Educate and motivate** patients to reduce intake of free sugars.
- ✓ **Give advice** on dietary starch reduction for individuals with root caries.



Both Dental Caries and Periodontal Diseases are preventable. Preventive measures and treatment strategies are effective at all ages.

- Consider routinely questioning patients about **their family history of periodontal diseases and dental caries**.
- Consider routinely including questions on **dietary behaviour or habits** in order to identify risk in individuals/ groups.
- **Encourage conducting a nutritional assessment** when there is disease activity.
- **Examine intra-oral saliva production/moisture levels** and consider fluoride supplements and/or saliva substitutes for patients with reduced salivary flow.
- **Focus on identifying risk** in individuals using validated risk assessment tools and design a regular individualised risk-based prevention programme for each patient.
- **Educate motivate and support patients** to practice individualised dental plaque control; oral hygiene instructions should be enhanced by motivational approaches. Education for oral health should target children, as well as, mothers to be, new mothers, care home workers and other groups who care for those with dependence. Provide the same standard of prevention and care across all age ranges (whenever possible without consideration of age) to retain natural teeth and dentitions into older age.
- **Provide advice and support for a healthy diet** according to national dietary guidelines. Refer to a dietician or general medical practitioner, where necessary.
- **Encourage sugar cessation** between meals for individuals with active dental caries and/or gingival bleeding.
- **Incorporate professional tooth cleaning** in a thorough, structured prophylaxis programme including oral hygiene instruction, motivation, dietary advice and fluoride application.
- **Consider level of dependence, rather than chronological age**, in order to individualize preventive and treatment approaches for elders.
- **Modify dental care** where ageing is associated with a change in dependency, with the aim of retaining a pain-free, functional dentition, using appropriate treatment strategies (minimally invasive, palliative).
- **Make sure that the dental practice meets mobility needs of elders** and that they have a feasible way to go to a shop to buy toothpaste or a toothbrush.
- **Consider medical aspects when treating oral diseases** and collaborate with physicians and other caregivers.

Retaining Healthy Teeth for Life has multiple benefits.



allows chewing, eating speaking and smiling to be optimal



reduces the risk of general health issues



improves the quality of life and wellbeing



positively impacts health economics



Caries and periodontal diseases are the most common human diseases - and both are preventable.



Benefits of tooth retention relate to nutritional status, speech, self-confidence and quality of life.



The burden of these diseases increases as the population ages.



The oral health status in aged individuals is influenced by their level of dependence, rather than by their chronological age.



The oral healthcare team can advise on weight loss, smoking cessation, exercise, and controlling diabetes and glycaemia in general.



Reducing sugar and starch intake in amount and frequency is important in preventing periodontal disease and caries. Intake should be limited to mealtimes



Bleeding gums are *not* normal. You should immediately visit a dentalcare professional.



Education for oral health should target children, as well as mothers to be, new mothers, care home workers and other groups who care for those with dependence.



Periodontal disease should be seen as an indicator to other general health issues.



Brushing twice daily with fluoride toothpaste is essential and can also be supplemented with additional effective agents to reduce plaque such as those found in mouthwash and toothpastes.

**Perio
& Caries**
at a glance

Perio & Caries, a joint **EFP-Colgate Initiative**



The European Federation of Periodontology (EFP) is the leading global voice on gum health and gum disease and the driving force behind EuroPerio – the most important international periodontal congress – and the European Workshop on periodontology, a world-leading meeting on periodontal science. The EFP also edits the Journal of Clinical Periodontology, one of the most authoritative scientific publications in this field.

The EFP comprises 30 national societies of periodontology in Europe, northern Africa, Caucasia, and the Middle East, which together represent about 14,000 periodontists, dentists, researchers, and other members of the dental team focused on improving periodontal science and practice.

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With a history of over 200 years, Colgate-Palmolive is a global leader in oral care and is strongly committed to improving oral health globally. The company possesses the leading toothpaste and manual toothbrush brands throughout many parts of the world, according to value share data, including internationally recognised brands, such as: Colgate®, Colgate Total®, Maximum Cavity Protection plus Sugar Acid Neutraliser™, Sensitive Pro-Relief™, Max White One®, elmex®, meridol® and Duraphat®.

Colgate-Palmolive continues to build success through innovation in oral care and stronger partnerships with dental profession and public health. Its core values, "caring", "global teamwork", and "continuous improvement", are reflected not only in the quality of its products and the reputation of the company, but also in its dedication to improve the quality of life of its consumers and serve the communities where it does business.

For more information about Colgate's engagement with dental professionals visit:

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