

# Recommendations for non-dental health professionals

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

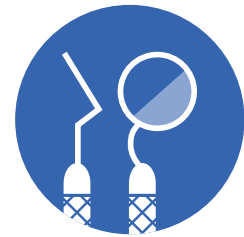
interactions and similarities between  
**the most** widespread oral conditions



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 in mankind and the main cause of tooth loss. Both diseases can lead to nutritional compromise and 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.*

*Fortunately, effective preventive and therapeutic interventions are available to manage both dental caries and periodontal diseases. There are numerous groups of healthcare professionals that need to know more about these diseases and understand the ongoing balance between risk factors (e.g. smoking), protective factors (e.g. fluoride in dental caries, high levels of oral hygiene in periodontal diseases) and pathological factors.*

*This group of healthcare workers includes **physicians** (from paediatricians to general practitioners, to geriatricians), **nurses** (from public health nurses to community health visitors, to those working in oncology and geriatric settings), **pharmacists** (that are aware of the cariogenicity associated with salivary depletion and the dangers of medicines with added sugar and the importance of smoking cessation to periodontal diseases), **dieticians** (including those involved with diet and nutrition), **nursery care workers** and **midwives**.*

***Teeth are for a Lifetime. Help your patients take action!***



# Recommendations about periodontal diseases and dental caries

## Periodontal diseases

### **Periodontal diseases are inflammatory diseases of microbial origin.**

There are different forms of periodontal disease (gum disease), but the most common are gingivitis and periodontitis. Gingivitis is a necessary pre-requisite for periodontitis. Whilst not all cases of gingivitis will progress to periodontitis, managing the former is a vital primary preventive strategy in preventing the latter. If left untreated, periodontitis causes tooth loss.

**In its more severe forms**, periodontitis is independently associated with higher mortality rates and robust evidence shows an increased risk for atherogenic cardiovascular diseases, diabetes control and related complications.

**Having periodontitis does not necessarily** mean that someone has neglected proper oral selfcare. Susceptibility varies, and the most highly susceptible individuals may acquire the disease even with relatively good oral hygiene.

**Risk of periodontitis has a strong heritability**, but lifestyle, environmental factors and behaviours are key to determining whether disease develops or progresses.

**Periodontitis is treatable to the extent that teeth can be retained for life;** however, early diagnosis is vital and the disease can start in adolescence or in later teenage years.

**Bleeding gums are not normal** and the appearance of blood in saliva following tooth brushing is not normal. A dental care professional should be consulted to investigate further and provide adequate treatment.

**Whilst periodontitis is not a communicable disease**, the bacteria that initiate the disease can be transferred between individuals. If transferred to a susceptible individual, their immune response may start to trigger the signs and symptoms of periodontitis.

**Periodontitis should be regarded as a "signpost" condition** that may indicate malnutrition or that a patient may have an underlying chronic non-communicable disease (e.g. undiagnosed diabetes). The advice of a dental care professional should be sought.

✔ **Encourage patients** with bleeding gums, bad breath, any loose teeth, or with gaps between teeth **to visit a dental care professional** for an examination, diagnosis and advice.

✔ **Encourage anyone** with signs of periodontal disease to clean between their teeth once daily, as directed by a dental care professional.

✔ **Ensure that patients understand that unhealthy gums can be associated with other general health issues** and that the mouth is a vital part of the body and not a separate organ.

✔ **Educate, motivate and support patients** to practice proper dental plaque control.

✔ **Encourage care workers to seek advice** on implementing individual oral hygiene for care home residents.

✔ **Advise smoking cessation.**



## Dental caries

**Dental caries is a biofilm-mediated, sugar-driven**, multifactorial, dynamic disease that results in the episodic demineralisation of dental hard tissues over time.

**Dental caries risk in individuals and groups** will vary considerably; the dental caries process produces lesions in a range of extent and severity - each stage can either be active or inactive.

**Lifestyle changes and dietary and behavioural** factors may influence both new disease and progression of existing lesions that may, at the early stages, be arrested or reversed.

**A multifaceted approach - minimising all pathological** factors while focusing on diet and selfcare, including frequent use of a toothbrush with a fluoride - is most likely to be effective in controlling this largely preventable disease.

**Aside from the common risk factors associated** with dental caries, obesity and links to hyposalivation and maternal smoking, robust evidence for direct links to systemic disease and specific genetic factors is absent.

✓ **Substitute medicines where reduced salivary** flow rate is a secondary effect

✓ **Educate and motivate patients** to reduce intake of free sugars.

✓ **Ensure foods and drinks distributed at schools** follow the latest health recommendations.

✓ **Promote absence of processed foods** for pre-school and school children.

✓ **Recommend toothpastes** containing fluoride agents.

### 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

**Both Dental Caries and Periodontal Diseases are preventable.**

- Both dental caries and periodontal diseases are preventable. Preventive measures should be applied to retain natural teeth and dentitions into older age.
  - Wherever possible, provide interventions and advice that help the individual link the benefits of preventing dental caries and periodontal diseases to systemic health.
  - Dental caries and periodontal diseases are distinct diseases with different pathological mechanisms. Consider the ongoing balance between risk factors (e.g. smoking), protective factors (e.g. fluoride in dental caries, high levels of oral hygiene in periodontal diseases) and pathological factors.
  - Preserving a functional dentition into old age is possible and may be associated with better overall quality of life and delayed frailty and dependence.
  - Chewing is an essential function to ensure adequate nutrition, best preserved with natural teeth. Good oral health and comfort are integral parts of healthy ageing.
  - Epidemiological evidence and analysis of trends in risk factors suggest that the burden of dental caries and periodontal diseases will increase, as ageing populations tend to retain more teeth.
  - Oral health is a critical component of healthy ageing and requires the ability to self-care and access preventive services and treatment.
  - As older people become increasingly reliant on the care of others for their daily life activities, they need increased assistance in preserving their oral health and chewing function.
  - The physical and mental health decline associated with ageing has a substantial impact on the ability to perform oral self-care; caregivers need to overcome these barriers.
  - The level of dependence, rather than chronological age, has to be considered to individualize preventive and treatment approaches for older people.
  - Benefits related to retention of a healthy dentition and mastication go beyond oral health, wellbeing and self-esteem as they foster a healthy diet, which is necessary to delay physical decline and loss of dependence.
- ✓ Encourage mothers to instil twice daily tooth brushing in their children from the moment the first baby tooth appears.
  - ✓ Encourage everyone to brush their teeth twice daily with a fluoridated toothpaste. For those with a full dentition, each session should last at least two minutes.
  - ✓ Encourage nursing mothers and other child carers to give sugar-free drinks from birth.
  - ✓ Advise about the risks of diets high in sugar and medications containing sugar, which could lead to dental caries and periodontal diseases, especially in the very young and the elderly.
  - ✓ Encourage everyone to limit the amount and frequency of sugar intake (ideally only at mealtimes) and to brush their teeth twice daily.
  - ✓ Encourage the use of sugar-free drinks, mints and chewing gum.
  - ✓ Include oral health (dental caries and periodontal diseases) in medical preventive programmes, particularly for diabetes, obesity, metabolic syndrome and cardiovascular disease (periodontal diseases).
  - ✓ Increase knowledge in nursing homes of the impact of diets high in sugars and low in antioxidant micronutrients on oral health.

**Perio & Caries at a glance**

- 1  Caries and periodontal diseases are the most common human diseases - and both are preventable.
- 2  Benefits of tooth retention relate to nutritional status, speech, self-confidence and quality of life.
- 3  The burden of these diseases increases as the population ages.
- 4  The oral health status in aged individuals is influenced by their level of dependence, rather than by their chronological age.
- 5  The oral healthcare team can advise on weight loss, smoking cessation, exercise, and controlling diabetes and glycaemia in general.
- 6  Reducing sugar and starch intake in amount and frequency is important in preventing periodontal disease and caries. Intake should be limited to mealtimes
- 7  Bleeding gums are *not* normal. You should immediately visit a dentalcare professional.
- 8  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.
- 9  Periodontal disease should be seen as an indicator to other general health issues.
- 10  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, a joint **EFP-Colgate Initiative**

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*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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*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.*

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European  
Federation of  
Periodontology

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