

TOOTH DECAY AND GUM DISEASE



Recommendations for policymakers

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

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Gum Disease and Tooth Decay

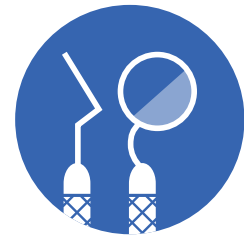
interactions and similarities between
the most widespread oral conditions



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 negative impacts upon self-esteem and quality of life. The dental biofilm is a major biological determinant common to the development of both diseases, and both diseases share common risk factors and social determinants, important for their prevention and control.

All the oral healthcare team members have a role to play in educating and motivating patients to reduce intake of free sugars, to practice proper dental plaque control and encourage smoking cessation.

There are also a number of groups of healthcare professionals who need to know more about these diseases and understand the on-going 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 (general practitioners, geriatricians), nurses (public health nurses, oncology and geriatric settings), pharmacists (from the standpoint of a general awareness of the cariogenicity associated with salivary depletion as well as an awareness of the dangers of medicines with added sugar, and the importance of smoking cessation to periodontal diseases), dietitians including all those involved with diet and nutrition.

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 been translated to better oral health however, with the ageing population and the increasing expectations of good oral health-related quality of life in older age, this poses formidable challenges to clinical care and healthcare systems.

Teeth are for a lifetime. Take Action!

Recommendations about periodontal diseases and dental caries

Recommendations for Public Health Agencies and Policy Makers

- **Periodontal** diseases and caries are ubiquitous, underlie virtually all tooth loss and are largely preventable.
- **Retaining** healthy teeth improves nutritional status, reduces the risk of general health consequences of caries and periodontal disease, helps reduce health inequalities, has significant positive health economic impacts and improves quality of life and general wellbeing.
- **Inequalities** in oral health should be tackled to prevent and control dental caries and periodontal diseases requires strategies tailored to the determinants and needs of each group according to socioeconomic status.
- **Encourage** future oral health research, practice and policy towards a “social determinants” model, a closer collaboration and integration of dental and general health research is needed using a common risk factor approach.
- **For** health policymakers, prevalence data have to be translated into disease burden data to plan and allocate resources for the dental workforce.
- **Epidemiological** evidence and analysis of trends in risk factors suggest that the burden of caries and periodontal diseases will increase in ageing populations that tend to retain more teeth. This requires urgent action.
- **Dental** care professionals should be an integral part of medical and social health teams involved in care of elders. Routine sharing of relevant health information will be necessary to achieve this goal.
- **Policymakers** should plan for the increasing oral healthcare needs of the ageing population. Specific actions are needed to overcome barriers in the care for vulnerable elders.
- **Healthcare** organizations and long-term care facilities should integrate assisted daily oral care in the professional profile of caregivers, as well as provide access to dental care.
- **Consider** the changing epidemiology and demography as well as the changing needs of older adults while developing and delivering both knowledge- and competence based curricula at undergraduate and postgraduate level and as part of continuing education of oral healthcare professionals.
- **Strengthen** knowledge and increase awareness of medical comorbidities and medications relevant to the oral care of older adults.
- **Good** oral health and comfort is an integral part of healthy ageing. Demographic transitions, trends in risk factors and medical comorbidities, better prevention and management of caries and periodontal disease earlier in life leading to tooth retention, all point to an urgent need for systemwide measures to align policy, practice, education and public information about changing oral health needs for the ageing population.
- **Preservation** of a functional dentition into old age is possible and may be associated with better overall quality of life and delayed frailty and dependence. Specific actions need to be implemented with input from relevant stakeholders and adapted to different health systems.
- **Increased** attention to the oral health needs of an ageing population urgently requires combined efforts by relevant stakeholders.



Public policy should encourage:

- **All** nursing mothers to have their babies entered into regular dental care pathways.
- **All** care homes to develop mechanisms and processes for maintaining the oral health status of their residents.
- **Immediately** develop remuneration approaches that encourage prevention and an individually tailored plan of care rather than intervention in dental contracts and payment systems.
- **Embed** risk assessment and risk driven care pathways into clinical care.
- **Develop** strategies to address oral health inequalities in areas of high socio-economic need.
- **Lobby** and influence nutritional policies to reduce sugar containing snacks and foods in public areas, educational and recreational environments.
- **Lobby** to reduce the costs of healthy snacks, fruits and vegetables high in micronutrients.
- **Wherever** possible, policy interventions should be meaningful at a population/individual level and should be designed to combine benefits for caries, periodontal diseases and systemic health.

Recommendations regarding caries and periodontal diseases:

- Include prevention and the development of individually tailored oral care plans in the reimbursement system of countries.
- Ensure remuneration systems focus upon risk-based prevention and no longer solely upon remuneration by intervention.
- Seek to provide a free dental check-up for key stages in life, using “touch points” such as for example at 2, 5, 12, 26, 40 and 70 years of age.
- Carry out counselling on dietary sources of vitamin D to pregnant women and parents of infants and children.
- Carry out counselling on dietary sources of antioxidant micronutrients, such as vitamin C and vitamin D.

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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The EFP thanks Colgate
for its support and its unrestricted grant.

