

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

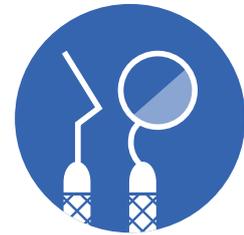
interactions and similarities between
the most widespread oral conditions



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



Severe Periodontitis is a leading 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 are both preventable



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



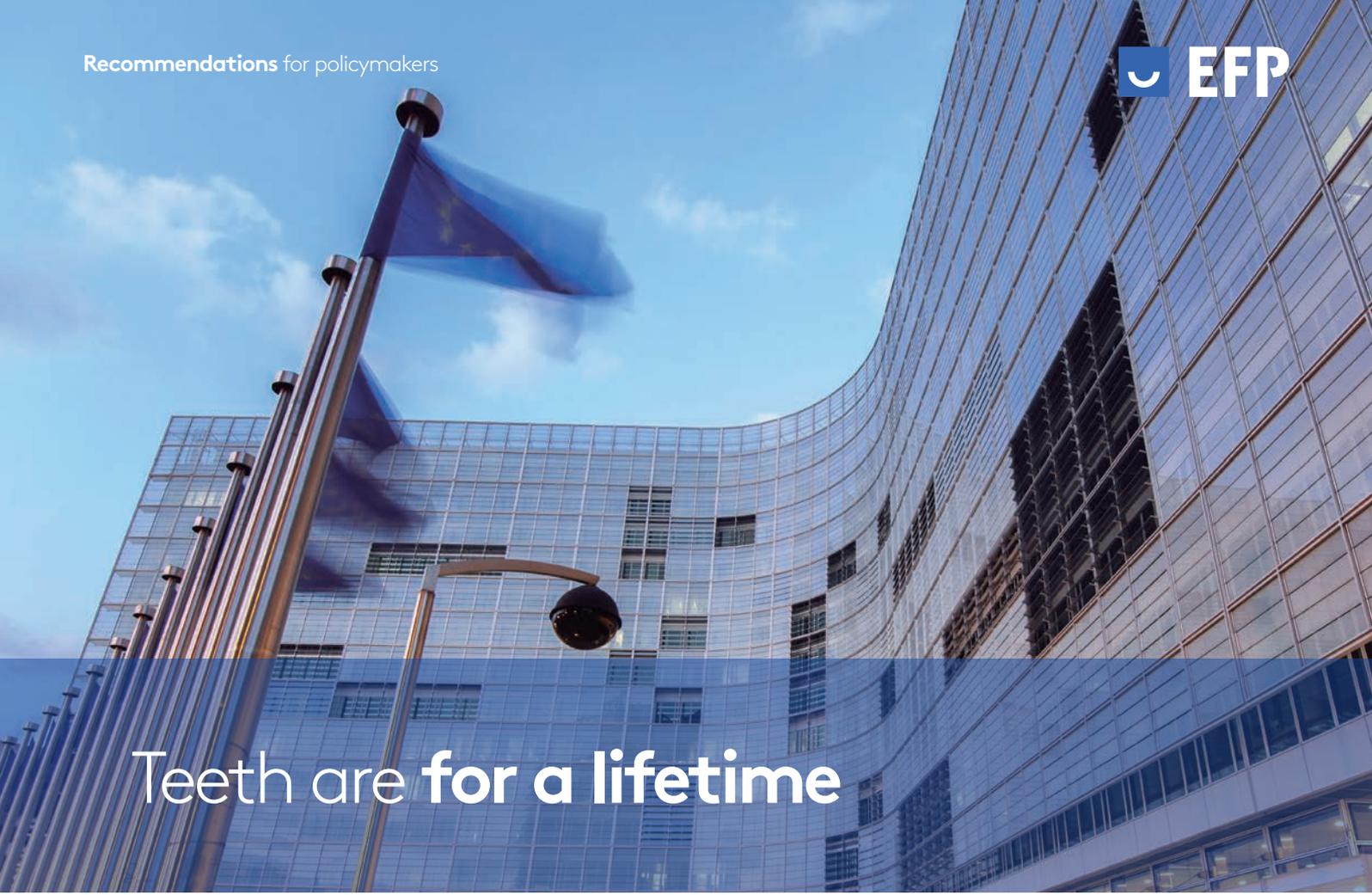
1 person in 3 is affected by caries.



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, with negative 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.

All the 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 to encourage smoking cessation.

There are also a number of groups of healthcare professionals that 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. 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 system-wide measures that align policy, practice, education and public information on changing oral health needs for an ageing population.

Public policy interventions can be meaningful at a population and individual level and can be designed to combine benefits for caries, periodontal diseases and systemic health.

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 into better oral health. However, with an ageing population and increasing expectations of good oral health-related quality of life in later years, this poses formidable challenges to clinical care and healthcare systems.

Teeth are for a lifetime. Take action!

Recommendations on periodontal diseases and dental caries

Recommendations for public health agencies and policymakers

- **Periodontal** diseases and caries are **ubiquitous, underlie** virtually **all tooth loss**, yet are **largely preventable**.
- **Epidemiological** evidence and analysis of trends in risk factors suggest that an ageing population that tend to retain more teeth will increase **the burden of caries and periodontal diseases**. This requires **urgent action**.
- **Good oral health** is an integral part of healthy ageing. Better prevention and management of caries and periodontal disease earlier in life lead to tooth retention. This, combined with demographic transitions, trends in risk factors and medical comorbidities, all point to an **urgent need for system-wide measures** that align policy, practice, education and public information addressing oral health needs for an ageing population.
- **Increased** attention to the oral health needs of the ageing population urgently requires **combined efforts** by relevant stakeholders. Specific actions need to be implemented, with input from relevant stakeholders and adapted to different health systems.
- **Inequalities** in oral health **should be addressed** to prevent and control dental caries and periodontal diseases. This requires strategies **tailored** to the determinants and needs of each group, according to their socioeconomic status.
- **The future of** oral health research, practice and policy has to be directed towards a **“social determinants”** model.
- Closer collaboration and integration between dental and general health research is needed using a **common risk factor approach**.
- Prevalence data have to be translated into **disease burden data** for health policymakers, in order to inform planning and resource allocation for the dental workforce.
- **Dental care professionals** should be an integral part of medical and social health teams involved in care of the elderly. Achieving this goal requires routine sharing of relevant health information.
- Healthcare organisations and long-term care facilities should integrate **assisted daily oral care** into the professional profile of caregivers, as well as providing access to dental care.
- Changing epidemiology and demography, along with the changing needs of older adults, must to be considered when developing and delivering both **knowledge and competence-based curricula** at undergraduate and postgraduate level as well as during continuing education of oral healthcare professionals.
- Both dental and non-dental health care professionals need **increased awareness and knowledge of the medical comorbidities and medications** relevant to oral care in older adults.



Recommendations for public policy

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.

- Include prevention and the development of individually tailored oral care plans in the **reimbursement system** of countries.
- 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.
- Seek to provide **free dental check-ups** at key stages in life, using “touch points” such as at 2, 5, 12, 26, 40 and 70 years of age.
- Develop strategies **to address oral health inequalities** in areas of high socio-economic need.
- Encourage care homes to develop mechanisms and processes for **maintaining the oral health** of their residents.
- Encourage all nursing mothers to enter their babies into **regular dental care pathways**.
- Provide counselling on dietary sources of **vitamin D** for pregnant women and parents of infants and children.
- Provide counselling on dietary sources of antioxidant micronutrients, such as **vitamin C**.
- Lobby for nutritional policies that **reduce sugar-containing** snacks and foods in public areas, educational and recreational environments.
- Lobby to reduce the cost of **healthy snacks**, fruits and vegetables high in micronutrients.

Retaining healthy teeth for life



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



1 Caries and periodontal diseases are the commonest human diseases - and both are preventable.



2 The burden of these diseases is high and is increasing as the population ages.



3 Dental professionals should be consulted regularly to prevent and treat caries and periodontal diseases effectively.



4 Bleeding gums are not normal. Dental professionals should be consulted immediately.



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



6 Periodontal disease should be seen as an indicator of general health issues.



7 Education for oral health should target children, mothers to be, new mothers, care home workers and other caregivers.



8 Oral health status in older individuals is influenced by their level of dependence, rather than by their chronological age.



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



10 Brushing twice daily with fluoride toothpaste is essential and can also be supplemented with additional effective agents that 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. Together this represents around 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:

www.colgateprofessional.co.uk

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The EFP thanks Colgate
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