

Oral Health Care

Oral health is essential to general health and quality of life. It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.

Oral diseases and conditions

The most common oral diseases are dental cavities, periodontal (gum) disease, oral cancer, oral infectious diseases, trauma from injuries, and hereditary lesions.

Dental cavities

Worldwide, 60–90% of school children and nearly 100% of adults have dental cavities, often leading to pain and discomfort. *(WHO Media centre- April 2012)*

Periodontal disease

Severe periodontal (gum) disease, which may result in tooth loss, is found in 15–20% of middle-aged (35–44 years) adults. *(WHO Media centre-April 2012)*

Tooth loss

Dental cavities and periodontal disease are major causes of tooth loss. Complete loss of natural teeth is widespread and particularly affects older people. Globally, about 30% of people aged 65–74 have no natural teeth. *(WHO Media centre-April 2012)*

Oral cancer

The incidence of oral cancer ranges from one to 10 cases per 100 000 people in most countries. The prevalence of oral cancer is relatively higher in men, in older people, and among people of low education and low income. Tobacco and alcohol are major causal factors.

Fungal, bacterial or viral infections in HIV

Almost half (40–50%) of people who are HIV-positive have oral fungal, bacterial or viral infections. These often occur early in the course of HIV infection.

Oro-dental trauma

Across the world, 16–40% of children in the age range 6 to 12 years old are affected by dental trauma due to unsafe playgrounds, unsafe schools, road accidents, or violence. *(WHO Media centre-April 2012)*

Common causes

Risk factors for oral diseases include an unhealthy diet, tobacco use and harmful alcohol use. These are also risk factors for the four leading chronic diseases – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and oral diseases are often linked to chronic disease. Poor oral hygiene is also a risk factor for oral disease.

The prevalence of oral disease varies by geographical region, and availability and accessibility of oral health services. Social determinants in oral health are also very strong. The prevalence of oral diseases is increasing in low- and middle-income countries, and in all

countries, the oral disease burden is significantly higher among poor and disadvantaged population groups.

Prevention and treatment

The burden of oral diseases and other chronic diseases can be decreased simultaneously by addressing common risk factors. These include:

- Decreasing sugar intake and maintaining a well-balanced nutritional intake to prevent tooth decay and premature tooth loss;
- Consuming fruit and vegetables that can protect against oral cancer;
- Stopping tobacco use and decreasing alcohol consumption to reduce the risk of oral cancers, periodontal disease and tooth loss;
- Ensuring proper oral hygiene;
- Using protective sports and motor vehicle equipment to reduce the risk of facial injuries; and
- Safe physical environments.

Dental cavities can be prevented by maintaining a constant low level of fluoride in the oral cavity. Fluoride can be obtained from fluoridated drinking water, salt, milk and toothpaste, as well as from professionally-applied fluoride or mouth rinse. Long-term exposure to an optimal level of fluoride results in fewer dental cavities in both children and adults.

Most oral diseases and conditions require professional dental care, however, due to limited availability or inaccessibility, the use of oral health services is markedly low among older people, people living in rural areas, and people with low income and education. Oral health care coverage is low in low- and middle- income countries.

Traditional curative dental care is a significant economic burden for many high-income countries, where 5–10% of public health expenditure relates to oral health. In low- and middle-income countries, public oral health programmes are rare. The high cost of dental treatment can be avoided by effective prevention and health promotion measures.

Source: (WHO Media centre-April 2012): <http://www.who.int/mediacentre/factsheets/fs318/en/>