

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



Gum Disease and Tooth Decay

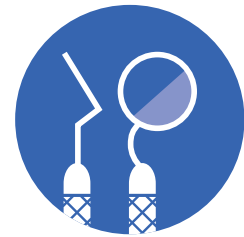
interactions and similarities between
the most widespread oral conditions



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 and a negative impact on self-esteem and quality of life.

The dental biofilm is a major biological determinant common to development of both diseases.

They share common risk factors and social determinants, important for their prevention and control.

Most recent scientific discussions point out that similar preventive approaches, based around routinely-performed oral hygiene using a fluoride toothpaste, are effective 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 is growing, thus increasing the total burden of these diseases globally, particularly 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 to 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 preventing and treating dental caries and periodontal diseases has improved 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. Help your patients take action!

Recommendations on periodontal diseases and dental caries

Periodontal diseases

Dental biofilm is the major determinant of periodontitis. Risk for periodontitis has a strong inherited component, however lifestyle, environmental factors and behaviour are key to determining whether the disease develops or progresses.

Prevalence of periodontitis is lower in females. Data suggests that there is a peak in severe periodontitis between the ages of 30 and 50, however the onset of periodontitis can occur years earlier.

There is a correlation between lower socio-economic status and a 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 in giving advice and support** on smoking cessation and referring to specialist services where necessary.
- ✓ **Engage** in discussions on **weight loss** and calorie restriction strategies.
- ✓ **Increase awareness of the importance** of vitamin D and antioxidant micronutrients from natural dietary sources, particularly 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 initiating dental caries and its progression. Data indicates the role of a genetic component in dental caries susceptibility.

Susceptibility varies substantially throughout the life course, being particularly high in the young. The elderly 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 risk of dental caries, in addition to home-use high fluoride toothpastes.
- ✓ **Educate and motivate** patients to reduce intake of free sugars.
- ✓ **Provide 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** to help identify risk in individuals/groups.
- **Encourage conducting a nutritional assessment** where 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.
- **Provide the same standard** of prevention and care across all age ranges (whenever possible without consideration of age) to retain natural teeth into an 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 the elderly.
- **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).
- **Ensure 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



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 Periodontitis 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.

www.efp.org



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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