

POLICY POSITION PAPER

## **Oral Health and General Health: Putting the mouth back in the body**

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Oral health is a major public health concern across Europe. There is an ever increasing wealth of evidence on the links between oral health and general health.

Prioritising improvement of oral health across Europe will lead to healthier EU citizens by helping to prevent and protect against other diseases and result in a reduction in overall health care expenditure for treating other chronic diseases.

Oral health has an impact throughout the life course – from childhood dental decay and development through to general health, physical and cognitive function in old age and on the quality of life for all age groups.

Oral diseases share common risk factors with other non-communicable diseases and like them disproportionately affect the most socially disadvantaged.

Oral diseases are totally preventable through good oral care routines, supported by a health promoting environment. Promotion, prevention and protection are entirely in line with EU health priorities as defined by Commissioner Andriukaitis.

Good oral health can be seen as a determinant of wellbeing.

### **Oral health and general health**

The mouth cannot be considered in isolation from the rest of the body and oral health: particularly gum disease and extensive tooth loss are being increasingly linked with other general health and systemic diseases including diabetes, cardiovascular disease, respiratory disease, and dementia.

These links are relevant throughout the life course from childhood - where tooth decay can lead to impaired nutrition and development - to the frail elderly where

poor oral health can again affect nutrition and impact not only on survival but also on general health, function and well-being. Infection in the mouth can lead to inflammation and infection elsewhere in the body.

A large study on insurance claims in the US has shown that patients treated for their gum disease and having good home oral care routines had significantly lower medical and hospitalisation costs for diabetes, cardiovascular disease, stroke, and pregnancy compared to those patients that were not thoroughly treated for their gum disease.



**Diabetes:** It has long been known that people with diabetes are more likely to have gum disease than people without it. New research has also shown that people are more likely to develop diabetes if they have gum disease. Diabetics have an increased risk of losing teeth.



**Cardiovascular disease:** People with gum disease are almost twice as likely to have coronary artery (heart) disease than people without gum disease. Similarly, studies have found that people who have had a stroke are more likely to have gum disease than people who have not had one.



**Respiratory Disease:** People with gum disease and inadequate oral hygiene have more bacteria in their mouths and may therefore be more likely to get chest infections. This particularly affects frail, older people and treatment of their oral health problems has been shown to result in fewer people having pneumonia.



**Older adults:** Tooth loss can be seen as an early marker of decline in middle and older adulthood. Studies of older adults have shown that those that had lost most or all their natural teeth were more likely to die prematurely. They had worse physical and cognitive function, walked more slowly and had worse memory. Poorer oral health made

depression worse and there is a link between number of teeth lost and earlier onset of dementia.



**Pregnancy:** Pregnant women who have gum disease may be more likely to have a baby that is premature and has a low birth weight. Having gum disease treated properly during pregnancy may reduce the risk of a premature birth.

## Common risk factors

The main risk factors that lead to the development of chronic diseases and oral diseases are common. In a way, these common risk factors hold the key to achieving good health. The key overlapping risk factors for oral health and general health are:



**Diet:** Sugar consumption is the main cause of dental caries, the most common non-communicable disease. In addition, a diet high in sugar and fat, and low in fruit and vegetables, essential vitamins and minerals contributes to a heightened risk of cardiovascular disease, cancer, obesity and diabetes.



**Tobacco use:** Smoking and chewing tobacco are linked to several types of cancer (including oral cancer), respiratory disease, cardiovascular disease, and poor pregnancy outcomes whilst also increasing the risk of gum disease and tooth loss.



**Alcohol consumption:** Excessive alcohol consumption can contribute to the development of liver cirrhosis, cardiovascular disease, oral cancer, and other cancers.



**Poor oral hygiene:** This is not only a risk factor for poor oral health, in particular gum disease, but also for other chronic diseases, such as pneumonia.

Oral diseases, like all non-communicable diseases, are related to socio-economic status and the social determinants of health are equally relevant to both oral and general health.

## Moving forward

The Platform for Better Oral Health in Europe believes that:

Oral diseases cannot continue to be viewed in isolation. Oral and general health problems share common risk factors that call for co-ordinated action.

There are huge potential savings for EU national health budgets by adopting a joined up approach and mainstreaming Oral Health as part of general health.

Input in relation to oral health is needed in existing policies and initiatives. These integrated policies should focus “upstream” as well as “downstream”.

A preventive approach as proposed by the European Commissioner for Health is vital in the area of oral health. This should include both public health interventions and development of primary health care systems to focus on the prevention of non-communicable diseases (including oral diseases).

FOR MORE INFORMATION

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