



## **FDI POLICY STATEMENT**

### **Global Periodontal Health**

**Adopted by the FDI General Assembly:  
7 September 2018, Buenos Aires, Argentina**

#### **CONTEXT**

Periodontal (gum) diseases, including gingivitis and periodontitis, are among the most common diseases in humans. They begin with an imbalance of the plaque biofilm-host interaction and the breakdown of microbe-host homeostasis, and progress due to dysregulated immuno-inflammatory responses in susceptible individuals with various environmental and host risk factors (e.g. tobacco use and diabetes mellitus). Periodontitis is a leading cause of severe tooth loss/edentulism in adults worldwide. It is also closely linked to other non-communicable diseases (NCDs) and disorders (e.g., diabetes, cardiovascular disease, pulmonary diseases, rheumatoid arthritis, kidney disease and cognitive impairment), through the underlying plausible mechanisms and pathways of infection (e.g. bacteremia), inflammation, dysbiosis and common risk factors. As a major global health burden, periodontal diseases profoundly affect people's oral and general health, quality of life, welfare and self-esteem, causing enormous socio-economic impacts and healthcare costs. In response to these challenges, the major international periodontology organizations have reached the first consensus on preventive, diagnostic and therapeutic strategies to promote periodontal health and general health. The new classification of periodontal and peri-implant diseases and conditions (2018) further facilitates and enhances the prevention and management of periodontal diseases and related research for global periodontal health.

#### **SCOPE**

This policy statement identifies the major challenges in addressing these problems, and highlights new opportunities to promote periodontal health and effective healthcare through implementing a global strategy and collaborative actions.

#### **DEFINITIONS**

**Periodontal diseases:** the chronic inflammatory conditions due to microbial dysbiosis and dysregulated host response that affect tooth-supporting soft and hard tissues.

**Gingivitis:** an inflammatory condition initiated by plaque biofilms and characterized by gingival redness, oedema, changes in contour and bleeding upon gentle probing, without attachment loss and alveolar bone resorption.

**Periodontitis:** a chronic multifactorial inflammatory lesion due to microbial dysbiosis and dysregulated host response, characterized by progressive destruction of tooth-supporting tissues with attachment loss and alveolar bone resorption.

#### **PRINCIPLES**

Global awareness of periodontal health remains low, owing to the relatively silent nature of periodontal diseases, poor oral hygiene habits, limited professional education and care, and a lack of an overall oral/periodontal health strategy and policy. There is insufficient proactive promotion of periodontal health by oral health professionals and policymakers. Further, there are shortages in the provision of effective healthcare. It is of utmost importance to build a global consensus, encourage interprofessional and interdisciplinary collaboration, and craft an effective strategy of periodontal health promotion to address the burden of these serious diseases and uphold periodontal health and general well-being.

## **POLICY**

FDI supports the following statements:

- Periodontal diseases, especially periodontitis, represent a major global disease burden with devastating effects on oral health and a close link with general health, and account for huge socio-economic impacts and massive healthcare costs worldwide.
- Periodontal health awareness among the general public is low. Neglecting periodontal diseases and their care in daily practice poses critical problems and challenges to healthcare professionals. Therefore, increasing periodontal health awareness and literacy is fundamentally crucial to address the global burden of periodontal diseases.
- Periodontal diseases are preventable and manageable through effective daily self-care and appropriate professional care.
- Primary and long-term secondary prevention strategies are crucial to promote periodontal health and effective oral/periodontal care. They should address individual needs and risk profiles.
- Periodontal screening and diagnostic procedures should be undertaken for all patients by oral health professionals.
- Oral/periodontal diseases share a number of modifiable risk factors with other NCDs (e.g., tobacco use and obesity), and the common risk factor approach should be proactively implemented via inter-professional teamwork.
- Global population ageing poses an increasing burden, placing further demands on proactive periodontal care for healthy ageing.
- Education in periodontology needs to be reinforced in dental curricula and continuing professional development programmes.
- There is a great need for further basic, translational and clinical research into periodontal health and disease, such as oral symbiosis and dysbiosis in healthy and medically compromised groups. Evidence-based datasets, updated guidelines/toolkits, and healthcare decision support systems should be established.
- It is important to engage and collaborate with other stakeholders, such as medical professionals, healthcare NGOs, government authorities and agencies, and third-party funders, to advocate periodontal health in public communities (e.g., educational systems and service networks for pregnant women, the elderly and medically compromised individuals).

- Oral/periodontal health should be integrated into all national health strategies, policies and programmes for optimal health and well-being.

## KEYWORDS

Periodontal diseases, NCDs, general health

## DISCLAIMER

The information in this policy statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

## REFERENCES

1. Herrera D, Meyle J, Renvert S, Jin LJ. White Paper on Prevention and Management of Periodontal Diseases for Oral Health and General Health. Geneva: FDI World Dental Federation; 2018.
2. Jepsen S, Blanco J, Buchalla W, Carvalho JC, Dietrich T, Dörfer C, et al. Prevention and control of dental caries and periodontal diseases at individual and population level: consensus report of group 3 of joint EFP/ORCA workshop on the boundaries between caries and periodontal diseases. *J Clin Periodontol* 2017; 44: S85-S93.
3. Jin LJ, Armitage GC, Klinge B, Lang NP, Tonetti M, Williams RC. Global oral health inequalities: Task group - periodontal disease. *Adv Dent Res* 2011; 23:221-226.
4. Jin LJ, Lamster IB, Greenspan JS, Pitts NB, Scully C, Warnakulasuriya S. Global burden of oral diseases: emerging concepts, management and interplay with systemic health. *Oral Dis* 2016; 22:609-619.
5. Kassebaum NJ, Bernabé E, Dahiya M, Bhandari B, Murray CJ, Marcenes W. Global burden of severe periodontitis in 1990–2010: a systematic review and meta-regression. *J Dent Res* 2014; 93:1045-1053.
6. Lancet (Editorial). Oral health: prevention is key. *Lancet* 2009; 373:1.
7. Listl S, Galloway J, Mossey PA, Marcenes W. Global economic impact of dental diseases. *J Dent Res* 2015; 94:1355-1361.
8. Meyle J, Chapple I. Molecular aspects of the pathogenesis of periodontitis. *Periodontol 2000* 2015; 69:7-17.
9. Tonetti MS, Jepsen S, Jin LJ, Otomo-Corgel J. Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mankind: A call for global action. *J Clin Periodontol* 2017; 44:456-462.
10. World Health Organization. Oral health: What is the burden of oral disease? [http://www.who.int/oral\\_health/disease\\_burden/global/en/](http://www.who.int/oral_health/disease_burden/global/en/)
11. Caton JG, Armitage G, Berglundh T, Chapple ILC, Jepsen S, Kornman KS, Mealey BL, Papapanou PN, Sanz M, Tonetti MS. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification. *J Periodontol* 2018; 89 (Suppl 1):S1-S8.