PREVENTION OF GUM DISEASE COULD SAVE BILLIONS AND LEAD TO HEALTHIER LIVES

The economic case for the prevention and management of gum disease was outlined on 15 June in a report by the Economist Intelligence Unit (EIU).¹

The most comprehensive analysis on the financial and human cost of gum disease in six Western European countries was commissioned by the European Federation of Periodontology (EFP) as an independent study and sponsored by Oral-B.

Severe periodontitis affects around half of the world's population. It can cause tooth loss and difficulties chewing, speaking, and smiling, and is associated with nearly 60 other health conditions including heart disease and diabetes.²

Periodontitis is largely preventable with good oral hygiene and regular dental check-ups. Yet the report states that in Western Europe, developments in prevention and management appear stagnant. The prevalence of periodontitis has remained largely unchanged over the last ten years and its awareness among the general public and non-oral health professionals is poor. The document describes a situation in which many people only see a dentist when they have a problem and avoid regular appointments due to the cost.

Few studies have modelled the economic burden of periodontitis and return on investment (ROI) of treatment, particularly across different countries. The authors developed a model to examine the ROI of preventing and managing periodontitis.

To measure the impact of prevention and treatment, the model used the EFP treatment guidelines which outline four intervention points in the progression from health to gingivitis, undiagnosed periodontitis, and diagnosed periodontitis. The estimated current national situation determined the number of individuals starting at each stage of the model.

The authors modelled the transition between the different health and disease stages during a ten-year period according to five scenarios: 1) baseline: current prevention and treatment situation continues; 2) rate of gingivitis management falls from 95% to 10%; 3) incident gingivitis is eliminated through improved oral homecare (periodontitis is thereby prevented); 4) no periodontitis is managed; 5) 90% of periodontitis is diagnosed and managed. The model calculated the impact of each scenario on total costs, ROI, and the change in healthy life years compared to baseline. The cost of continuing with the baseline scenario ranged from €18.7 billion in the Netherlands to €96.8 billion in Italy over ten years. In all countries, reducing gingivitis management lowered healthy life years and had a negative ROI. Eliminating gingivitis led to rises in healthy life years, reduced costs and a strong ROI in all countries.

No management of periodontitis resulted in reductions in healthy life years and a negative ROI for all countries. Diagnosing and managing 90% of periodontitis increased healthy life years in all countries and despite cost increases there was a positive ROI.

The authors noted that both eliminating gingivitis and increasing the rate of diagnosing and treating periodontitis to 90% had a positive ROI for all countries and gains in healthy life years. Neglecting to manage gingivitis had the opposite effects. They called for greater emphasis on self-care and prevention at the individual and societal level, including nursery-based dental care and tooth brushing workshops in schools.

Report contributor Professor Iain Chapple, EFP Workshop Committee member, said: 'It is hugely challenging to determine the economic and societal costs of a complex disease like periodontitis, which is why we needed an independent expert group like the EIU to undertake this modelling. Their data clearly demonstrates that by far the biggest ROI comes from the prevention of periodontitis, ie by treating gingivitis, something traditionally regarded as trivial and ignored, with treatment being directed at periodontitis – which is of course too late'.

References

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- 2. Monsarrat P, Blaizot A, Kémoun P *et al.* Clinical research activity in periodontal medicine: a systematic mapping of trial registers. *J Clin Periodontol* 2016; **43**: 390-400.

DENTAL COMPLAINTS SERVICE MAINTAINS STRONG PERFORMANCE

The Dental Complaints Service (DCS) has published its 2020 performance report which revealed 98% of enquiries were responded to within two days – a 4% improvement on the previous year and highest level on record.¹

The high performance came in a challenging year due to COVID-19 complications and when total complaint numbers (3,159) topped those received in each of the previous five years.

Other notable findings include:

- The most common issues raised related to perceived failure of treatment (85%). Within that, the type of treatment that attracted most complaints related to removable orthodontic appliances, reflecting a rise in the number of patients seeking remote orthodontics
- A number of complaints relating to COVID-19 were received. These included not being informed in advance of charges for PPE, a lack of NHS appointment availability or no NHS PPE and, as a result, being encouraged to go private or wait longer for an NHS appointment
- The number of fitness to practise referrals from the DCS fell to 36 in 2020, 24 of which related to just three dental professionals
- Six hundred complaints were received in relation to the collapse of one dental corporate, which left many patients who had paid in advance out of pocket.

Head of DCS Operations, Michelle Williams, said: 'For many people, 2020 represents the most challenging year in living memory and I would like to thank all those we have worked with for their hard work and resilience. This report provides useful information for everyone involved in the provision of dental services, but particularly so for dental professionals as there are useful insights for consideration in everyday practice'.

Reference

 Dental Complaints Service. Dental Complaints Service Review 2020.
19 May 2021. Available at: https:// dcs.gdc-uk.org/about/publications (accessed 28 May 2021).

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