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Oral diseases

WHO report

Sir, the WHO has recently published a 'Global Oral Health Status Report' which is a first of its kind document detailing the burden of oral disease the world over.¹

It observed that nearly half (45%) of the world's population is affected by oral diseases which amounts to 3.5 billion people. Three out of four of these people are located in countries belonging to the middle- and low-income groups. Over the past 30 years, there has been an increase in oral disease cases to the tune of one billion. The WHO notes that

this increase may be attributed to people having inadequate access to the treatment and prevention of oral diseases.

The report highlights that dental caries, severe disease of the gums, oral cancers and tooth loss are the most common diseases of the mouth. Amongst these, with 2.5 billion people affected, untreated caries is the most common, with a further 1 billion people being affected by severe forms of gum disease which is a major cause of total loss of teeth. Further, the report mentions that approximately 380,000 fresh oral cancer cases are diagnosed yearly. Oral diseases are seemingly rampant in disadvantaged and vulnerable groups wherein those with disabilities, low incomes, older individuals living in care homes or alone, minorities as well as people living in rural and remote areas being representative of increased burden of disease.

This pattern is along similar lines to other non-communicable diseases such as CVS diseases, cancer, mental disorders and diabetes. This apparent 'crisis' shares risk factors common to other non-communicable diseases as well, such as tobacco and alcohol use along

with high sugar consumption. In this report, the WHO identifies barriers to oral health care delivery such as the requirement of high expenditure, specialised and expensive delivery models out of touch with primary healthcare delivery systems as well as poor surveillance and information systems placing low priority on public-level research.

Some opportunities for improvement have been identified, such as adopting strategies to target common risk factors, integrating oral health care at the national level and in universal coverage systems, integration of oral health-related information into national monitoring systems as well as restructuring healthcare delivery models and competencies of non-dental health care professionals.

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