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# FDI DRAFT POLICY STATEMENT

## Global Periodontal Health

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Final Draft 2

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### CONTEXT

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

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### SCOPE

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

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### DEFINITIONS

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

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

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

38 **PRINCIPLES**

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

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49 **POLICY**

50 FDI supports the following statements:

51 • Periodontal diseases, especially periodontitis, represent a major global disease  
52 burden with devastating effects on oral health and a close link with general health,  
53 and account for huge socio-economic impacts and massive healthcare costs  
54 worldwide.

55 • Periodontal health awareness among the general public is low. Neglecting  
56 periodontal diseases and their care in daily practice poses critical problems and  
57 challenges to healthcare professionals. Therefore, increasing periodontal health  
58 awareness and literacy is fundamentally crucial to address the global burden of  
59 periodontal diseases.

60 • Periodontal diseases are preventable and manageable through effective daily self-  
61 care and appropriate professional care.

62 • Primary and long-term secondary prevention strategies are crucial to promote  
63 periodontal health and effective oral/periodontal care. They should address  
64 individual needs and risk profiles.

65 • Periodontal screening and diagnostic procedures should be undertaken for all  
66 patients by oral health professionals.

67 • Oral/periodontal diseases share a number of modifiable risk factors with other  
68 NCDs (e.g., tobacco use and obesity), and the common risk factor approach should  
69 be proactively implemented via inter-professional teamwork.

70 • Global population ageing poses an increasing burden, placing further demands on  
71 proactive periodontal care for healthy ageing.

72 • Education in periodontology needs to be reinforced in dental curricula and  
73 continuing professional development programmes.

74 • There is a great need for further basic, translational and clinical research into  
75 periodontal health and disease, such as oral symbiosis and dysbiosis in healthy and  
76 medically compromised groups. Evidence-based datasets, updated  
77 guidelines/toolkits, and healthcare decision support systems should be established.

78 • It is important to engage and collaborate with other stakeholders, such as medical  
79 professionals, healthcare NGOs, government authorities and agencies, and third-  
80 party funders, to advocate periodontal health in public communities (e.g.,  
81 educational systems and service networks for pregnant women, the elderly and

82 medically compromised individuals).  
83 • Oral/periodontal health should be integrated into all national health strategies,  
84 policies and programmes for optimal health and well-being.

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## 86 **KEYWORDS**

87 Periodontal health, periodontal diseases, periodontitis, NCDs, general health, health  
88 policies

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## 90 **DISCLAIMER**

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

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