

# Impact of Oral Health on General Health & Quality of Life

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# INTRODUCTION TO DENTISTRY

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# INTRODUCTION TO DENTISTRY



BY: SHYAM MADALA



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## Section 3: The Importance of Oral Health

Now that we have a glimpse into the historical evolution of dentistry, let's delve into the significance of oral health. Your mouth is a gateway to your overall well-being. Maintaining good oral hygiene goes beyond having a dazzling smile—it is vital for your overall health and can have a profound impact on various aspects of your life.

## INTRODUCTION TO DENTISTRY

Healthy teeth and gums allow you to enjoy a diverse range of foods, ensuring proper nutrition. Digestion begins in the mouth, and when your teeth are compromised, it can lead to difficulties in chewing and swallowing, affecting your overall dietary choices and digestion.

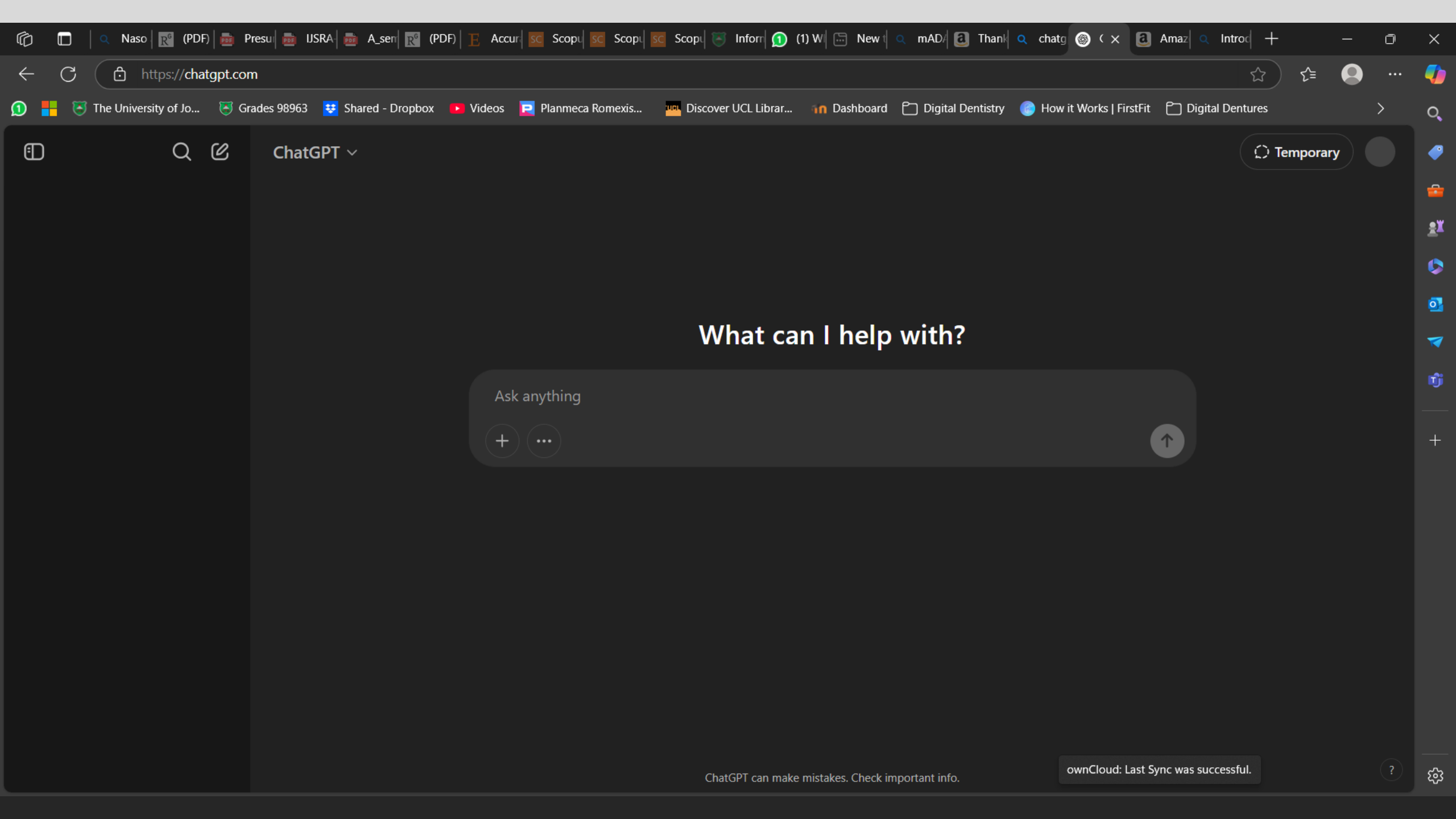
Furthermore, oral health plays a crucial role in communication. Your ability to articulate words and speak clearly relies on the proper functioning of your teeth, tongue, and other oral structures. Dental issues like missing teeth or misaligned jaws can impact your speech, potentially affecting your self-confidence and interpersonal relationships.

## INTRODUCTION TO DENTISTRY

Poor oral health has also been linked to systemic conditions such as cardiovascular disease, diabetes, respiratory infections, and even adverse pregnancy outcomes. The mouth serves as a window to your overall health, and dental professionals can often detect early signs of these conditions during routine examinations.

## Section 4: The Dental Team

Dentistry is not a solitary profession but rather a collaborative effort that



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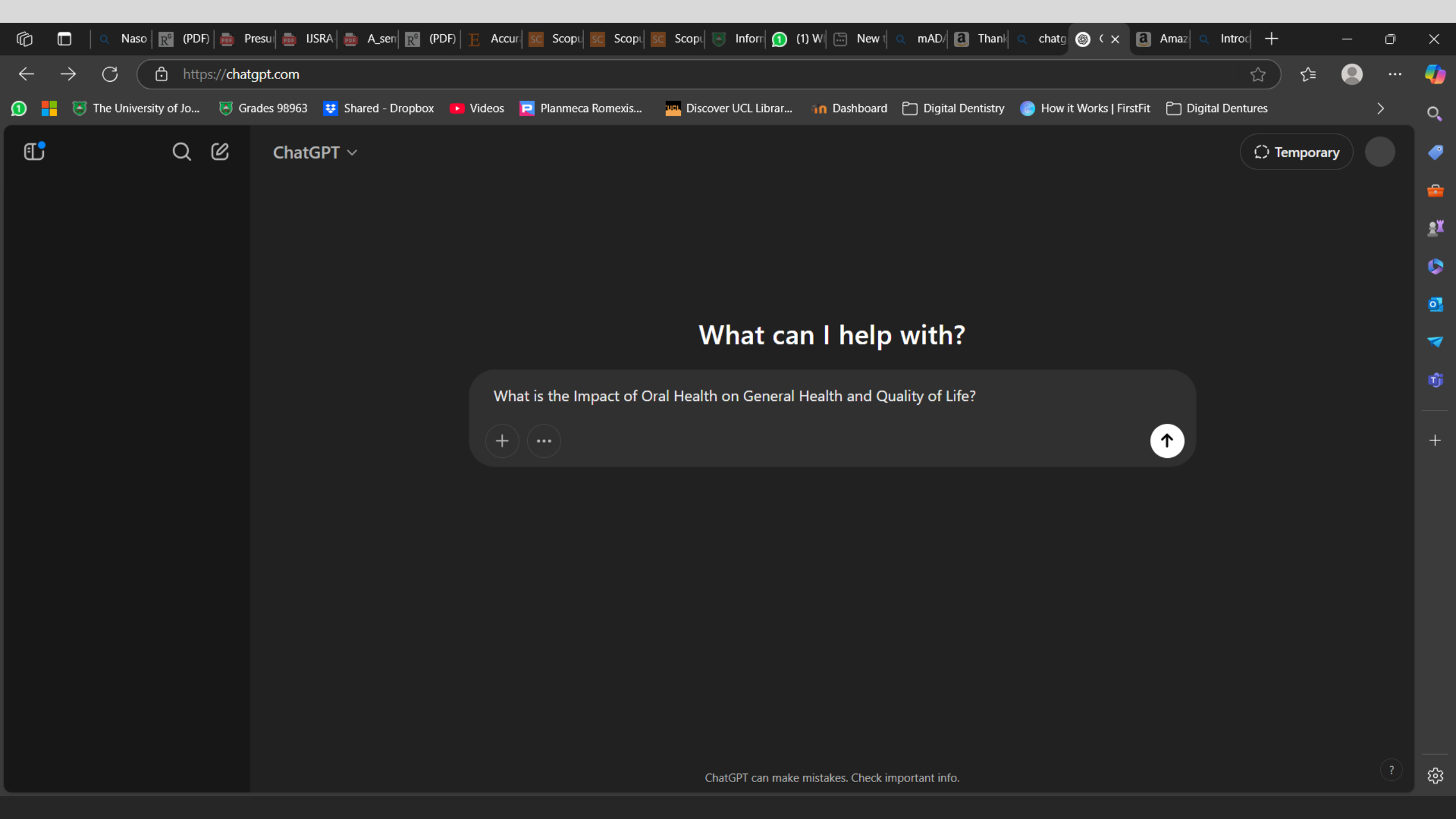
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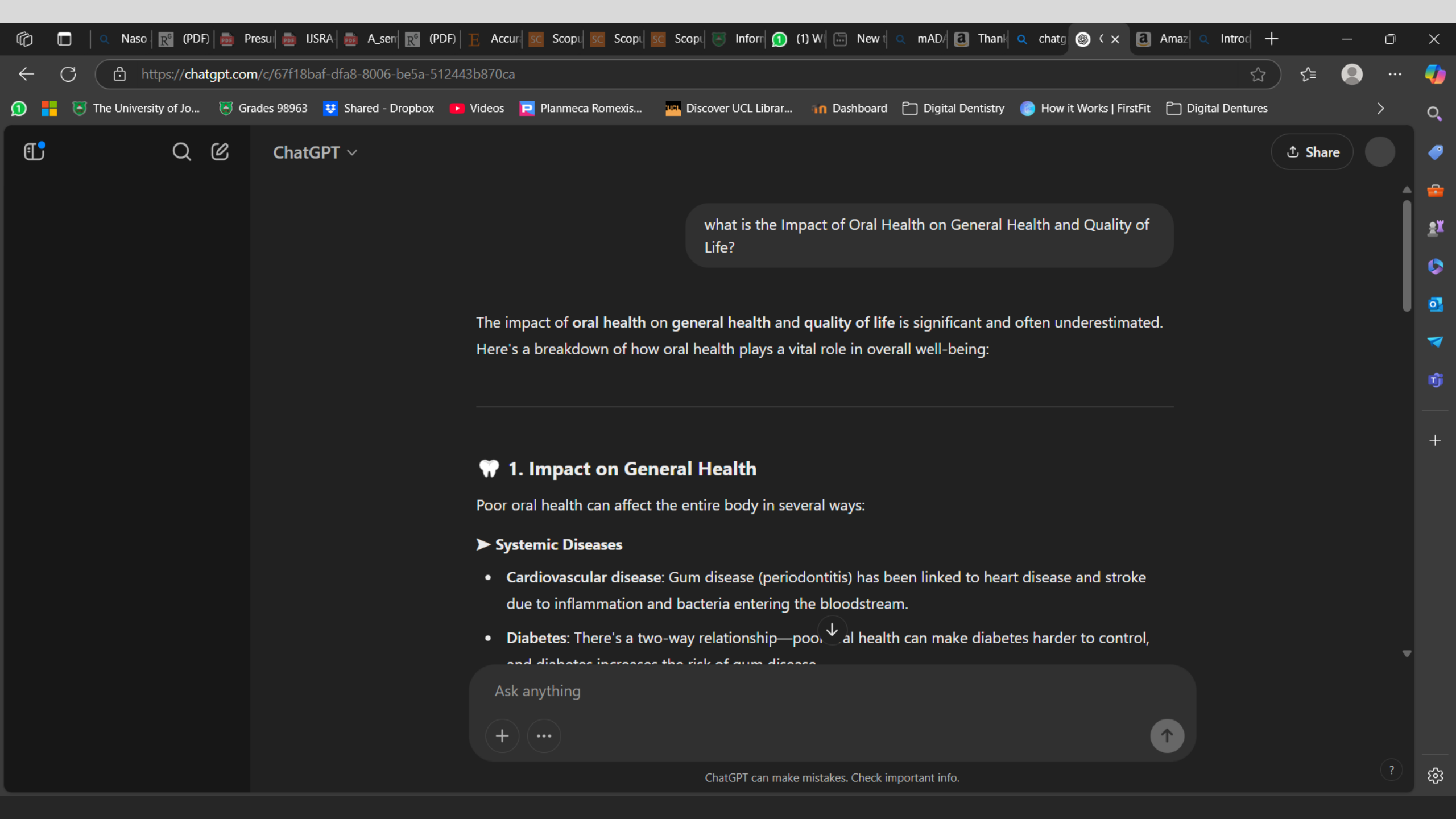




# What can I help with?

What is the Impact of Oral Health on General Health and Quality of Life?





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The impact of oral health on general health and quality of life is significant and often underestimated. Here's a breakdown of how oral health plays a vital role in overall well-being:

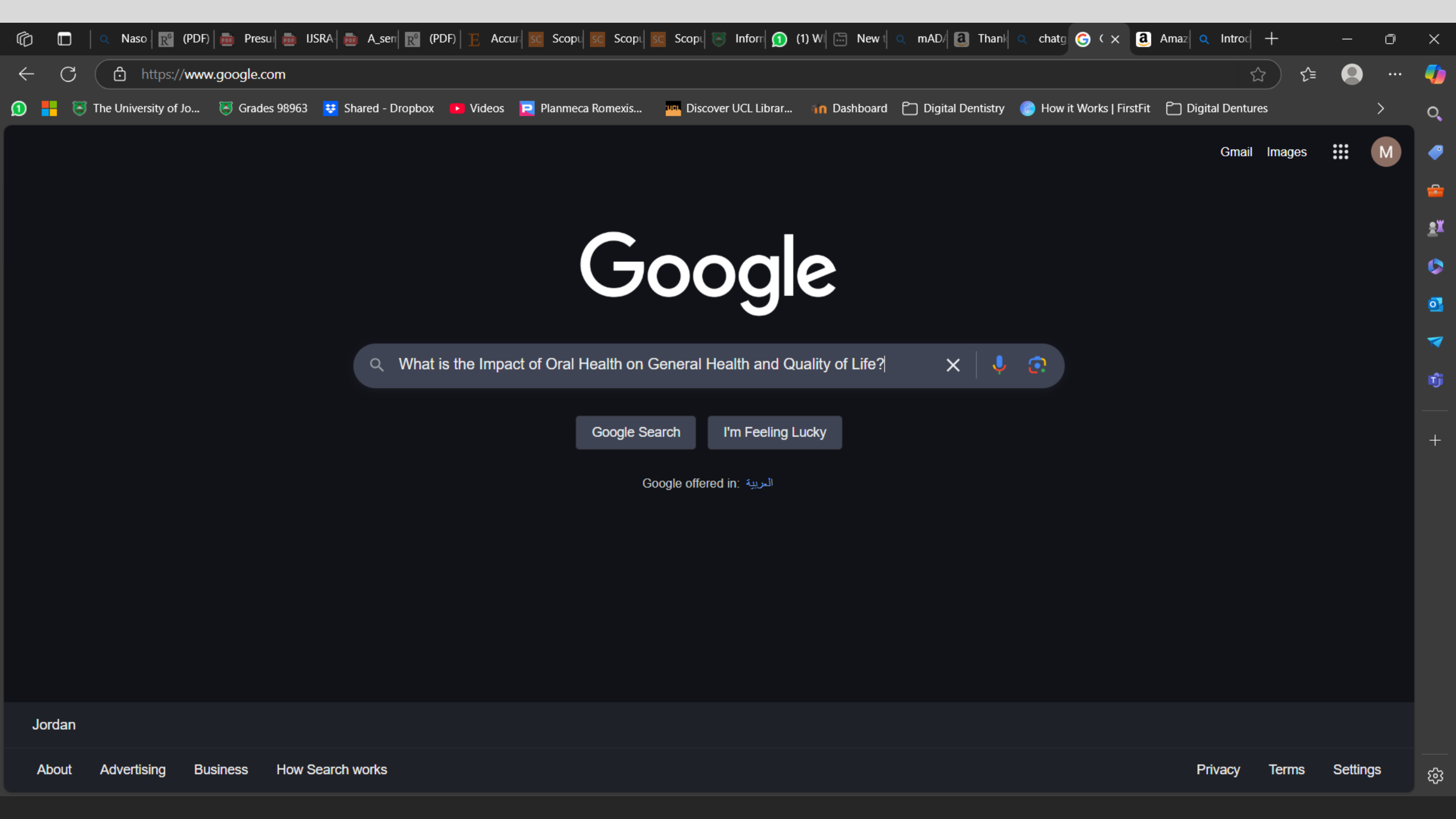
### 1. Impact on General Health

Poor oral health can affect the entire body in several ways:

#### ► Systemic Diseases

- **Cardiovascular disease:** Gum disease (periodontitis) has been linked to heart disease and stroke due to inflammation and bacteria entering the bloodstream.
- **Diabetes:** There's a two-way relationship—poor oral health can make diabetes harder to control, and diabetes increases the risk of gum disease.

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Oral health is closely related with general health and people's quality of life (QoL), through affecting their oral functions and social interactions.

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# Oral Health and Quality of Life

ADOPTED by FDI General Assembly September, 2015 in Bangkok, Thailand

## Context

Oral health is closely related with general health and people's quality of life (QoL), through affecting their oral functions and social interactions. For example, dental caries may cause impaired chewing, decreased appetite, sleep problems, and poor school and work performance. Traditional methods of measuring oral health and treatment needs are based mainly on clinical indicators. However, these indicators do not necessarily account for the functional and psychosocial aspects of oral health, and coincide with people's perceptions and concerns about their oral health. Based on the conceptual rationale for subjective measures of a broader view of oral health, a variety of robust measures, such as the 'oral health-related quality of life' (OHRQoL), have been developed to measure the extent to which oral conditions affect individual's behaviour and social functioning, and complement the conventional clinical assessments of oral health.

Studies have shown that the impacts of oral diseases and disorders on OHRQoL are high worldwide. Currently, a number of OHRQoL measures have been validated for a range of populations in different countries, and it is now important to consider their potential applications in clinical practice.

## Scope

This policy statement covers the effects of oral problems on QoL, its useful measures and their applications in dental practice. It addresses the importance of incorporating OHRQoL measures into assessments of oral healthcare needs and cost-effectiveness, as well as planning oral health services and setting policies.


## Definitions

OHRQoL is defined as 'a multidimensional construct that reflects (among other things) people's comfort when eating, sleeping and engaging in social interaction; their self-esteem; and their satisfaction with respect to their oral health' (US Department of Health and Human Services)




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Editorials

# Oral health, general health and quality of life

Aubrey Sheiham<sup>1</sup>

The compartmentalization involved in viewing the mouth separately from the rest of the body must cease because oral health affects general health by causing considerable pain and suffering and by changing what people eat, their speech and their quality of life and well-being. Oral health also has an effect on other chronic diseases (1). Because of the failure to tackle social and material determinants and incorporate oral health into general health promotion, millions suffer intractable toothache and poor quality of life and end up with few teeth.

Health policies should be reoriented to incorporate oral health using sociodental approaches to assessing needs and the common risk factor approach for health promotion (1, 2). Oral diseases are the most common of the chronic diseases and are important public health problems because of their prevalence, their impact on individuals and society, and the expense of their treatment. The determinants of oral diseases are known — they are the risk factors common to a number of chronic diseases: diet and dirt (hygiene), smoking, alcohol, risky behaviours causing injuries, and stress — and effective public health methods are available to

Oral health affects people physically and psychologically and influences how they grow, enjoy life, look, speak, chew, taste food and socialize, as well as their feelings of social well-being (W4). Severe caries detracts from children's quality of life: they experience pain, discomfort, disfigurement, acute and chronic infections, and eating and sleep disruption as well as higher risk of hospitalization, high treatment costs and loss of school days with the consequently diminished ability to learn. Caries affects nutrition, growth and weight gain. Children of three years of age with nursing caries weighed about 1 kg less than control children (W5) because toothache and infection alter eating and sleeping habits, dietary intake and metabolic processes. Disturbed sleep affects glucocorticoid production. In addition, there is suppression of haemoglobin from depressed erythrocyte production.

Ninety per cent of pre-adolescents reported an impact related to oral health (W6). Prevalence of dental pain was found to be about 33% among Brazilian teenagers, of whom 9% reported distressing, excruciating pain (W7). Toothache leads to school absence, which is a ready indicator of


poor oral health. It is reflected in general physical, psychological and social well-being terms in relation to oral status. Cohen & Jago consider the greatest contribution of dentistry is to improve quality of life (W11). Disruptions in physical, psychological and social functioning are therefore important in assessing oral health. Traditional measures use mainly clinical indices, though there are alternatives using measures of oral health-related quality of life in sociodental approaches to assessing need (W12).

Chronic diseases such as obesity, diabetes and caries are increasing in developing countries, with the implication that quality of life related to oral health, as well as general quality of life, may deteriorate. Because oral and other chronic diseases have determinants in common, more emphasis should be on the common risk factor approach. The key concept underlying future oral health strategies is integration with this approach, a major benefit being the focus on improving health conditions in general for the whole population and for groups at high risk, thereby reducing social inequities.

By integrating oral health into strategies for promoting general health and by assessing oral needs in







**Poor oral health is linked to diabetes, heart disease, adverse pregnancy outcomes, stroke and respiratory conditions.** The main diseases that affect oral health are tooth decay, gum disease and oral cancers. These conditions are largely preventable. Mar 16, 2022

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EDITORIAL ▶ Int J Dent. 2019 May 29;2019:7862923. doi: [10.1155/2019/7862923](https://doi.org/10.1155/2019/7862923)

### The Link between Oral and General Health

[Wael Sabbah](#)<sup>1,✉</sup>, [Morenike Oluwatoyin Folayan](#)<sup>2</sup>, [Maha El Tantawi](#)<sup>3</sup>

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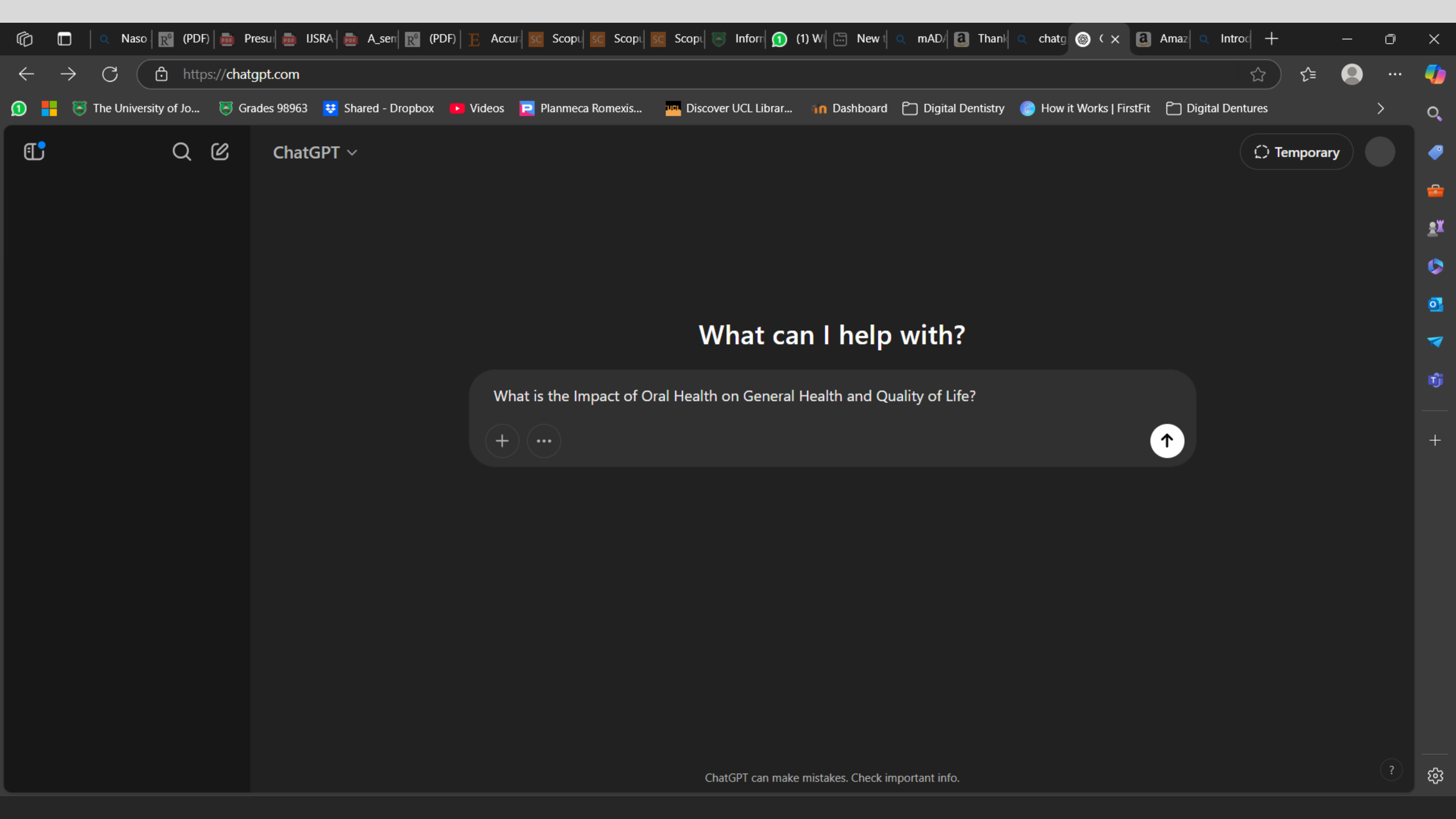
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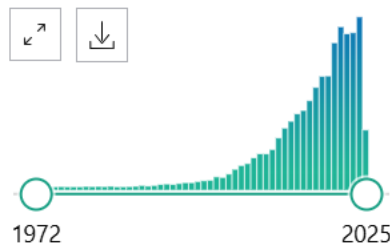
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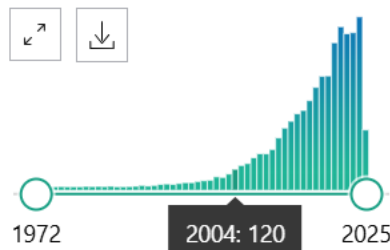
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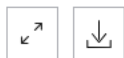
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Randomized Controlled Trial > Gerodontology. 2024 Dec;41(4):508-515. doi: 10.1111/ger.12746.

Epub 2024 Apr 2.

# Complete denture palatal rugae design impact on satisfaction and quality of life

Motasum Abu-Awwad<sup>1</sup>, Mohammad Bustani<sup>1</sup>, Mohammad Alkababji<sup>2</sup>, Farah Majdalawi<sup>2</sup>, Nesreen A Salim<sup>1</sup>, Mahmoud K Al-Omiri<sup>1</sup>

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PMID: 38563273 DOI: 10.1111/ger.12746

## Abstract

**Objectives:** To compare the impact of three complete denture palatal rugae designs on participants' satisfaction and oral-health-related quality of life.

**Background:** Complete dentures palatal rugae are usually polished to a smooth finish, which can affect the patient's adaptation. Roughening or keeping an opening in the rugae area to replicate the natural sensation of the palatal rugae has been suggested but lacks clinical evidence.

**Methods:** This randomised crossover trial included participants with complete dentures randomly allocated to six sequences. Each sequence alternated between polished, roughened, and open rugae designs. Participants evaluated general and domain-specific satisfaction (eating, taste, speaking, phonetics, and ease of cleaning) on a 100-mm visual analogue scale. They also completed the Oral Health Impact Profile for Edentulous Patients (OHIP-EDENT) and indicated their preferred design at the end. Repeated-measure ANOVA compared satisfaction, and one-way ANOVA with Tukey's test compared OHIP-EDENT scores.

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