

Aiming at periodontal health among people aged “60 plus”

Oral health substantially influences people’s physical and psychological well-being, affecting chewing function, appearance, social integration and general well-being.^{1,2} As professionals working with patients, people and communities, we are striving to communicate health messages aiming at promoting public awareness and skills in relation to oral health. Considerable experience has been gained in oral disease prevention, and the understanding of periodontal disease prevention is well documented.^{4,5} In recent years, much attention has been devoted to the links between periodontal health and systemic conditions such as cardiovascular diseases, diabetes and pregnancy.

But it seems that despite our ongoing efforts, there is still very limited public knowledge about periodontal health, and the burden of periodontal disease continues to be high. Where are we going wrong? Why are we failing to gain the attention of the public?

It is well accepted in our professional community that preventive dentistry is the key to long-term success when considering both oral diseases and their treatment. This concept has been established in several consensus conferences and workshops. Yet when it comes to public relations (PR) we don’t talk about prevention. We don’t “brand” periodontology as a basic commodity to be provided to all in need of care, but rather as a disease requiring treatment to avoid extreme systemic and oral complications.

It seems that this approach stops our target audience from listening. Very few people would want to hear that they might have a disease and even go and check it. Having diabetes or being pregnant is enough to deal with, so that people do not go and seek another potential problem to be treated. In addition, with this approach, we are failing to extend oral care to underserved groups, and we are not reaching the goal we have set ourselves: to promote the model of prevention.

The whole periodontal team, both doctors and hygienists, should change their paradigm from periodontal disease to periodontal health. Most people with either teeth or implants may need a periodontal examination and

a tailor-made maintenance programme for periodontal health. While serving their patients in avoiding periodontal health problems, the periodontist applies a high-risk strategy. Meanwhile, modern periodontists should also support or even engage in whole population strategies as part of national or community directed programmes. The World-Health-Organization-initiated tobacco prevention activities⁷ provide a unique opportunity for the periodontist to engage in public health work – for better oral health and prevention of chronic diseases.


Today, the elderly population is increasing rapidly. In 2012, 809 million people, or 11% of the world’s population, were over 60, and by 2050, about 2 billion people are expected to be over 60, which represents 22% of the world’s population.⁶ Unfortunately, the oral health of older people has been given low priority by the profession and policy makers, but the interest in their specific needs is now growing considerably. The global burden of oral disease among older people and the negative impacts on general health and quality of life is thoroughly discussed in an article in this issue of OHPD; the report is a call for public health action.³

An additional important change relates to the characteristics of this older population. People in the age range of 60 to 80 are more active than in previous generations, and look and feel young. We should recognise this age group as a strong target audience for the message of periodontal health for a healthy life. Promoting the message of preservation of teeth and a well-functioning mouth is essential. The periodontal and dental team should address this concept for ensuring acceptable oral appearance, maintaining or improving masticatory function, maintaining autonomy, establishing an infection- and pain-free oral cavity, together with the long-term prevention of oral infections to ensure oral health related quality of life factors.

Having public health in mind, the dental team should change their ‘tune’ and acknowledge that patients would be willing to hear about their health and well-being rather than their illnesses and pain.

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