

[Promoting Oral Health Through Fluoride \[1\]](#)

November, 2000 Paris France

August, 2017 Madrid Spain

Context

Despite the efforts to date, dental caries, which affects children, adults including the elderly, continues to be the most prevalent chronic disease worldwide and constitutes a major global public health challenge.¹ It can hinder an individual's ability to speak, smile, smell, taste, touch, chew, swallow and stop a person to convey a range of emotions through facial expressions with confidence and without pain or discomfort.² Dental caries can also potentiate the risk of some systemic diseases. Maintaining good oral health is therefore, critical to securing overall health and well-being.²

There are many social determinants of health that contribute to oral health inequities, causing increased prevalence and severity of dental caries among disadvantaged populations.³ Dental caries can be prevented, managed or treated in its initial non-cavitated stage, through the adoption of evidence-based measures such as: avoiding unhealthy diets like sugary foods and drinks, particularly those rich in free sugars content, and implementing good oral hygiene habits, which include regular removal of oral biofilm from tooth surfaces and appropriate use of fluoride toothpaste.

Fluoride ions in low concentrations at the tooth surfaces are essential to avoid, slow down or stop demineralization and to enhance remineralization of tooth tissue.^{4,5}

Scope

There are several cost-effective options to make fluoride available to populations, which can and should be applied according to country's regional realities and legislation.

Fluoride at an optimal preventive level may be present naturally in drinking water or can be added to water supplies through population-based public health interventions. Some public water supplies and wells have higher than recommended concentrations of naturally occurring fluoride, where defluoridation or alternative drinking water should be recommended. Water fluoridation is the most efficient, cost-effective, safe and equitable way in preventing, managing and treating carious lesions at a community level. Fluorides can, alternatively, be added to salt or milk, in the appropriate concentration and dose.⁴

At an individual level, the use of fluoride toothpaste, fluoride mouthwashes, fluoride gels and/or fluoride varnishes have proven to be effective in managing, preventing and treating the early stages of dental caries, when used at recommended ages and levels, taking in account each country guidelines.⁴⁻⁶

Definitions

Fluoride role in Oral Health - The preventive efficacy, cost-effectiveness and safety of fluoride-containing products in reducing the prevalence and severity of dental caries and delaying its onset has been proven³. It has been clinically shown that fluoride can also play a therapeutic role in the treatment of non-cavitated enamel carious lesions as well as in cavitated caries such as root caries lesions. This newly re-discovered characteristic of fluorides, always through topical action, reinforces the importance of its use in synergy with removal of plaque, in the fight against dental caries.

Principles

FDI urges all countries to recognize that universal access to appropriate and judicious use of fluoride for maintaining oral health as part of the basic human right to health.

Policy

FDI advocates the use of fluoride at the right concentration and dose, for management of dental caries, in prevention and/or treatment of early lesions for children, adults including the elderly and calls for the implementation of policies that:

- Ensure population-wide public health measures that allow universal access to affordable fluoride in effective concentrations to prevent dental caries and promote oral health.
- Use the most appropriate means to disseminate information on the benefits of fluoride as a preventive agent in health promotion strategies and programs.
- Disseminate information about the importance of fluoride in the treatment of the non-cavitated carious lesions.
- Encourage governments to reduce or remove taxation and tariffs on fluoride products for oral health.
- Improve capacities of national food and drug administrations for better monitoring quality standards of toothpaste in line with ISO 11609:2017 and oral rinses in line with ISO 16408:2015.

Disclaimer

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

References

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[Public Health Committee](#) [3] **Classification:** [Caries](#) [4]

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