

[Oral Health and Quality of Life \[1\]](#)

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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).

Principles

It is well recognized that oral disease and disorders have negative impacts on people's oral functions, self esteem, general well-being and social activities. The extent of the impact could be assessed by the OHRQoL measures. These measures can be appropriately incorporated into oral healthcare and global oral health policy. Oral healthcare professionals play an important role in enhancing the quality of life of their patients and the public at large.

Policy

FDI recommends and recognizes that:

- OHRQoL measures combined with clinical and behavioural indicators should be incorporated into assessments of oral healthcare needs of populations, to provide a comprehensive and holistic approach to planning oral health services.
- All national oral health surveys should include a validated OHRQoL measure, thereby providing a profile of

the impacts of oral diseases on people's daily life.

- OHRQoL measures are essential outcomes to determine the cost-effectiveness of oral care/treatments and public health interventions.
- OHRQoL measures are essential in advocacy for oral health policy, and they can be used for setting strategic targets for improvements of global oral health.
- FDI National Dental Associations play an important role in advocating for all of these recommendations.

References

1. Ab-Murat N, Sheiham A, Tsakos G, Watt R. Periodontal treatment needs and workforce requirements: comparisons between the normative and sociodental approaches using different skill mix models. *Community Dent Oral Epidemiol.* 2015;43(2):106-15.
2. Astrøm AN, Haugejorden O, Skaret E, Trovik TA, Klock KS. Oral Impacts on Daily Performance in Norwegian adults: the influence of age, number of missing teeth, and socio-demographic factors. *Eur J Oral Sci.* 2006;114(2):115-21.
3. Cohen LK, Jago JD. Toward the formulation of sociodental indicators. *Int J Health Serv.* 1976;6(4):681-98.
4. Gherunpong S, Sheiham A, Tsakos G. A sociodental approach to assessing children's oral health needs: integrating an oral health-related quality of life (OHRQoL) measure into oral health service planning. *Bull World Health Organ.* 2006;84(1):36-42.
5. Locker D. An introduction to behavioural science and dentistry. London: Tavistock/Routledge, 1989.
6. Locker D. Measuring oral health: a conceptual framework. *Community Dent Health.* 1988;5(1):3-18.
7. Locker D, Allen F. What do measures of 'oral health-related quality of life' measure? *Community Dent Oral Epidemiol.* 2007;35(6):401-11.
8. Sanders AE, Slade GD, Lim S, Reisine ST. Impact of oral disease on quality of life in the US and Australian populations. *Community Dent Oral Epidemiol.* 2009;37(2):171-81.
9. Slade GD, Nuttall N, Sanders AE, Steele JG, Allen PF, Lahti S. Impacts of oral disorders in the United Kingdom and Australia. *Br Dent J.* 2005;198(8):489-93.
10. US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General - Executive Summary.* Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

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