Søren Jepsen: Even in advanced countries, many people have difficulty accessing oral care services

The prevalence of periodontitis is strongly associated with socio-economic status, according to Prof. Søren Jepsen, past President of the European Federation of Periodontology and co-author of its Perio Focus paper. It is up to the oral health care community to help make reliable professional oral health care services truly accessible to the entire population.

What are some of the socio-economic costs and implications of periodontal disease?
We have to realise that periodontal disease is probably the most common disease of all. Because of global population growth, ageing societies and increased tooth retention, the number of people affected by periodontitis has grown substantially. The total burden of disease increased globally by about 67 per cent between 1990 and 2013.

A recent Global Burden of Disease study, supported by the Bill & Melinda Gates Foundation, looked at all human diseases and their impact on health and well-being. The results indicate that severe periodontitis is one of the major contributors to the burden of human disease in several ways:

i) directly, through the sequelae of periodontitis itself;
ii) indirectly, through the contribution of severe periodontitis to edentulism and loss of masticatory function; and
iii) through co-morbidity with a host of systemic diseases, such as diabetes, atherosclerosis, obesity and arthritis.

The global cost of lost productivity from severe periodontitis alone has been estimated to be US$54 billion per year, while the total economic impact of periodontal disease accounts for a major component of the US$442 billion that constituted the direct and indirect cost of oral disease incurred in 2010.

Clearly, the costs to society are great. It has been calculated that periodontitis is responsible for lost productivity for a dollar amount similar to a small European country — and then there are the treatment costs! Severe periodontitis is responsible for a significant amount of the financial costs of oral health: in many developed countries, it is about 0.5–0.8 per cent of gross domestic product. What is particularly worrisome is that the social burden is borne disproportionately by the more vulnerable segments of the population. For many citizens, even in developed nations, severe periodontitis may be a handicap and a form of social exclusion.

What kinds of cultural and socio-economic barriers to professional care prevent equal access to the necessary treatment?
There are many barriers, and if we look around the world, we may feel lost in a myriad of cultural and socio-economic barriers. These clearly differ in developed and developing nations. In developed countries, the availability of information on the Internet is probably the greatest barrier to access to
the appropriate evidence-based care that works. A variety of approaches have been proposed — without a grain of scientific evidence — that cater to specific mindsets and beliefs of the population. In this whirlwind of advertisement, the health information is lost and many people find it difficult to differentiate between what works and what does not.

Our Perio Focus paper provides a series of priorities on how to address some of the barriers. Consider, for example, the belief that self-medication with a variety of aids will manage the disease. You really need to read the specific suggestions that have been endorsed by so many periodontal societies around the world, as our colleagues tell us that these are real issues.

Of course, different countries are at different levels regarding gingival health knowledge, care and policy. However, even in the most advanced countries, considerable parts of the population continue to have a high burden of disease and have difficulty accessing health information and professional oral care services.

What are the reasons for this? There are several. For example, the early stages of periodontal disease are often symptomless, and a significant number of affected patients thus do not seek professional care. The relatively silent nature of the early stages of the disease, combined with low public awareness of gingival health, leads to many patients seeking symptom-based care only for advanced disease.

Also, we know that there is an association between low socio-economic status and higher prevalence of periodontitis. Recent insights into socio-economic inequalities in health show that the most important aspect is the effect of social status on health. Social background heavily influences the behaviour of individuals, and health-promoting behaviours become more difficult to sustain further down the social ladder. This is an enormous challenge for societies and health care systems.

How can we empower and educate patients to reduce their risk of developing gingivitis or periodontitis? That is indeed a key challenge. Our global call to action aims to enhance public awareness of the early signs of periodontitis.

We want to inform patients and the public at large that periodontitis can be effectively managed and that it is more cost-effective to conduct treatment in the early stages of disease. For that, we need to address the misunderstanding that periodontitis can be effectively managed by self-care or self-medication.

Besides, we want to enhance public and professional awareness of the interdependence of periodontal health and general health. For that, we have to emphasise the need to address common risk factors, such as smoking and obesity, for both periodontitis and other chronic diseases. That is why we need public health campaigns tailored to susceptible groups, such as pregnant women and diabetics — and we need them urgently.