Message from the president

To most dentists, recognising the serious negative consequences that oral disease can have on a person’s health is a very simple proposition. For the public, who are often overwhelmed with health messaging on cancer, diabetes or heart disease, the harmful effects of dental decay may seem like a minor issue to be ignored in the larger picture of general health. National governments, with insufficient resources to provide optimal oral health care may easily choose to ignore the most common chronic non-communicable disease on our planet—dental caries.

Ask a child who has been unable to sleep for three nights because of severe dental pain. Ask a pregnant woman who is unable to eat properly because of sensitivity caused by decayed and broken down teeth. Ask a man who is unable to work because of pain from oral ulcerations and sensitivity. Ask an elderly person who is suffering from septicaemia of dental origin. The answer is clear – dental disease can have serious negative consequences for a person’s health and also as their well-being both social and economic.

A major problem faced by public health dentists involved in oral care is the challenge of demonstrating the burden of oral disease in ways which give a true picture of the state of dental health. Some countries do have DMFT or DMFS statistics, even if they are quite dated. These figures do not adequately reflect the true cost of dental disease in terms of suffering and economic loss. This should enable us to advocate more effectively for national governments to establish oral health policies with action plans and budgets. Perhaps we should have statistics indicating lost time from work or school due to dental disease or simply know the percentage of people who have experienced dental pain in the preceding six months. This would be valuable information in addition to the more general picture about oral health and general health to present in advocating for the inclusion of oral health on national healthcare agendas.

Of course, dentists also need to understand that, unlike many of the diseases treated by our medical colleagues, we do have very adequate treatments for most oral diseases. More importantly, over 95% of oral disease is preventable and we also know how to do that. In order to enlist the public and their governments as allies in this battle we must first demonstrate the impact of the problem in terms they can appreciate as meaningful.

The FDI Council held its mid-year meeting at the FDI Head Office in Paris on 14–16 May. Councillors from around the world engaged in this three-day meeting to discuss and review such matters as finances, FDI’s action plans and priorities, the search and selection for a new executive director, funding for new projects, current membership status, applications for membership, policy statements as well as work of standing committees, sections and regional organisations.

FDI Councillors and head office staff took the opportunity of this occasion to view the Vasa Museum. This year’s gala dinner is a not-to-be-missed event, which takes place in one of Stockholm’s most visited attractions, the Vasamuseum.

Congress news

Focus on Symposia and Social Programme

Company symposiums

Wednesday, 24 September 09.00–11.30 Unilever Symposium Design for Behaviour Change and Better Oral Care

14.00–16.30 Colgate Symposium A Global Update on Caries Prevention and Treatment

Thursday, 25 September 09.00–11.30 Periodontology/Colgate Total Symposium Therapeutic Management of Soft Tissue, Chronic Inflammation and the Impact on Systemic Health

14.00–16.30 J. Johnson & Johnson Symposium Inflammation is Still a Threat to Your Patients?

Friday, 26 September 09.00–11.30 Straumann Symposium Simply More Choice

Asymposiums

Tuesday, 27 September 09.00–11.30 International Association of Paediatric Dentistry Symposium What do you know about the children in your practice?

Sierra Leone addresses urgent oral health needs

The FDI, the Commonwealth Secretariat and the Commonwealth Dental Association joined forces with Sierra Leone’s Ministry of Health and Sanitation following a request by the government to address the urgent oral health needs of the country. The draft policy will be submitted to the Ministry of Health and Sanitation and the Parliament of Sierra Leone for ratification and implementation as part of the National Health Plan.

Sierra Leone, one of the poorest countries worldwide, faces huge challenges in the reconstruction, particularly in health services. After a devastating civil war, dental and oral health care services are extremely under-resourced with only nine dentists trying to meet the oral health needs of more than 5.5 million people.

The oral health policy gives strategic guidance in all areas of oral health care and disease prevention, including the scaling up of oral health workforce, integration of oral health care into primary health care, universal access to emergency oral care and improved infection control.

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