Goals for Oral Health to Reflect Periodontal Conditions

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In its proposals for the oral health sector of countries, the World Health Organization and the FDI World Dental Federation recommend a goal oriented national plan for oral health based on sound epidemiological data. Among other features, the measurable goals of a nation's plan for oral health should be related to disease prevalence.

Current global oral health goals for adults are based on reductions in edentulousness and retention of functioning teeth. The same is true for many national goals, such as the "20/80 goal" in Japan. As caries is still the major cause of extraction, such goals reflect periodontal disease only to a small extent. The recommendation that goals be based on disease prevalence guides oral health planners to propose goals measurable by the index system used to record that disease prevalence. Currently the system principally used to describe periodontal conditions is the CPITN. Goals set in terms compatible with CPITN recordings must therefore be based on individuals/sextants without (or with) bleeding, calculus and pockets. Elimination of gingival bleeding is a questionable public health goal. Scaling to achieve oral health goals written in terms of a reduction in the prevalence of calculus within populations would have considerable workforce implications for many countries in this region. Furthermore the public health significance of freedom from calculus has not been established. Deep pockets are not widely prevalent in adult populations, in those individuals affected by deep pockets most commonly only one tooth (sextant) displays this feature. Thus any goal written in terms of reductions in prevalence of deep pockets could be met by limited tooth extraction. It is therefore proposed that goals for periodontal health, in addition to giving targets for tooth retention, should include goals for the reduction of the prevalence of shallow pockets, a condition amenable to control by sustained improvements in oral self care.