

Editorial

We have come to a consensus that oral health is an essential component of humans' wellbeing, having a direct impact upon it. Diseases such as dental caries, periodontal disease, and oral cancer are among the most prevalent health conditions worldwide. These share many risk factors with other non-communicable diseases and are affected by similar social determinants. According to the World Health Organization, the Global Burden of Disease Study in 2016 revealed that caries in the permanent dentition alone was the most prevalent condition assessed, and severe periodontal disease was the 11th most prevalent. Severe tooth loss and edentulism have been identified as one of the ten causes of Years Lived with Disability; and the United Nations is including oral health in the Universal Health Coverage political declaration draft, as part of the 2030 Agenda for Sustainable Development.

The different stakeholders worldwide, such as governmental authorities, international institutions, academia, and the private sector are now paying more attention to the dissemination of the oral disease burden and the possible roads to reverse its effects. We all agree on the importance of reducing the gap in oral health disparities and the promotion of strategies to achieve good oral health universally. However, to address these issues, a standardized definition of what is meant by oral health is mandatory. Most previous definitions are based on the biomedical perspective of oral health, and do not account for the individual's perspective and expectations. Furthermore, oral health must be measurable and constantly assessed, as it is a dynamic process influenced by multiple factors particular to individuals and communities. The driving determinants of oral health which affect overall well-being can be categorized in the individual's (1) physiological function, (2) the psycho-social function, and (3) the disease and condition status. With this analysis, the World Dental Federation (FDI) published on September 2016, a new definition for oral health. The definition has been translated in the FDI's website to ten languages to facilitate its dissemination, and states that oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

As part of the dissemination process, this definition should be included as part of the curriculum in dental schools, in local policy statements or health reforms, and in epidemiological studies in different populations. Taken from the FDI's website, the objective of this common understanding and definition of oral health is proposed in order to position oral health within general health, demonstrate how oral health influences overall health and well-being, raise awareness of the different dimensions of oral health and how they shift over time, and finally to empower people by acknowledging how values, perceptions and expectations impact oral health outcomes. As oral health professionals, we now have a standardized definition which can be used globally and will facilitate the conception and understanding of the possible needs of individuals and communities in order to promote and achieve oral health. As researchers and science communicators, it is of utmost importance to support high quality evidence disseminated by well guided journals, assuring that this optimal definition may become a clinical reality and an effective tool to promote oral health.

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