

# Policy Statement 2.9 – Oral and Systemic Disease

## Position Summary

There is increasing evidence linking oral and systemic disease. Government funding, planning, and policy must include research into the association between oral diseases and systemic diseases such as heart disease and diabetes.

## 1. Background

- 1.1. There is an increasing body of evidence demonstrating bidirectional links between oral and systemic disease.<sup>1</sup>
- 1.2. There are a number of common risk factors shared by oral disease and many chronic diseases such as obesity, diabetes and cardiovascular diseases.<sup>1,2</sup>
- 1.3. The association between oral disease and certain chronic diseases does not imply causation, but the common risk factors shared by these diseases further strengthen the importance of good preventive strategies that lower the risk of disease.<sup>3</sup>
- 1.4. Research has focused on the influence of periodontal disease on diabetes mellitus, cardiovascular disease and respiratory diseases. Associations with other diseases such as dementia, chronic kidney disease, pre-term birth and low birth weight and certain forms of cancer have also been reported.<sup>2</sup>
- 1.5. The association between oral and systemic disease has important implications for the future of oral health care in the context of health care provision, economic burden, the education of health professionals, and clinical practice<sup>4</sup>.

## 2. Position

- 2.1. All health care professionals should understand the clinical associations between oral disease and systemic health and the systemic effects of oral disease.<sup>1</sup>
- 2.2. An emphasis on optimal oral health and control of oral infection and inflammation is an important part of any therapeutic strategy to reduce the local and systemic effects of oral disease.
- 2.3. Additional long-term clinical trials are needed to define the effect of oral health on clinical outcomes of chronic diseases.
- 2.4. Government funding, planning and policy in health must include oral health and oral health research.

### References

<sup>1</sup> Herrera D, Sanz M, Shapira L, Brotons C, Chapple I, Frese T, Graziani F, Hobbs F.D., Huck O, Hummers E, Jepsen S, Kravtchenko O, Madianos P, Molina A, Ungan M, Vilaseca J, Windak A, Vinker S. Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: Consensus report of the Joint Workshop by the European Federation of Periodontology (EFP) and the European arm of the World Organisation of Family Doctors (WONCA Europe) *Journal of Clinical Periodontol* 2023; 1-23

<sup>2</sup> Kapila, YL. Oral health's inextricable connection to systemic health: Special populations bring to bear multimodal relationships and factors connecting periodontal disease to systemic diseases and conditions. *Periodontol* 2000. 2021; 87: 11– 16

<sup>3</sup>Monsarrat P, Blaizot A, Kemoun P, Ravaud P, Nabet C, Sixou M, Vergnes J-N. Clinical research activity in periodontal medicine: a systematic mapping of trial registers. *Journal of Clinical Periodontol* 2016; 43: 390-400

<sup>4</sup>The World Oral Health Report 2003. Continuous improvement of oral health in the 21st century- the approach of the WHO Global Oral Health Programme.

This Policy Statement is linked to other Policy Statement: 2.1 National Oral Health, 2.4 Research, 2.8 Non-Communicable Diseases, 2.10 Oral Health and the Social Determinants of Health & 3.14 The Role of Non-Dental Practitioners in Oral Health

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### **Policy Statement 2.9**

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