About us

The Australian Dental Association (ADA) is the peak representative body for dentists in Australia. Our 17,000-plus members operate more than 7,500 small businesses across Australia. They include highly trained professionals who work across the public and private sectors, in general dental practice, or in one of 13 areas of dental specialisation, in education and research roles, as well as dentistry students currently completing their entry-to-practice qualification.

The primary objectives of the ADA are to encourage the improvement of the oral and general health of the public, promote the ethics, art and science of dentistry and support members to provide safe, high-quality professional oral care.

Dentists are vital contributors to Australian public health. The importance lies in their ability to treat and prevent oral diseases and enhance overall well-being. By providing essential care and services, dentists help their patients maintain healthy teeth and gums, empowering them to eat, speak, and smile with confidence. They are crucial in diagnosing and treating oral diseases, which, if left untreated, can lead to more severe health issues, and increase the burden on Australia’s hospital system. Dentists also contribute to aesthetics by enhancing smiles and boosting self-esteem.

The ADA is an active member of the FDI World Dental Federation, underscoring our commitment to global oral health. As a representative of the dental profession in Australia, the ADA collaborates with the FDI to advocate for optimal oral care standards, promote oral health policies, and advance dental education and research on an international level. This partnership strengthens the ADA's role as a key influencer in shaping dental practices, policies, and public health strategies.
The causes of diabetes (type 1, type 2 and gestational) in Australia, including risk factors such as genetics, family history, age, physical inactivity, other medical conditions and medications used

There are several common risk factors shared by oral disease and many chronic diseases termed the ‘lifestyle diseases’ such as diabetes, obesity, and cardiovascular diseases. For our comments herein, we attempt to focus mainly on relationships between diabetes and oral health.

People with diabetes are at an increased risk of developing gum disease (periodontitis). Periodontitis is a serious gum disease that can cause the gums to recede, the bones that support the teeth to break down, and teeth to fall out.

There is evidence that type 2 diabetes (T2DM) and periodontitis have a causal and bidirectional relationship. This means that T2DM can cause periodontitis, and periodontitis can also cause T2DM. Periodontitis is now considered to be the sixth complication of T2DM.

Risk for periodontitis is increased two to three times in people with diabetes compared to individuals without, and the level of glycaemic control is key in determining risk. Diabetes increases the risk for periodontitis by contributing to increased inflammation in the periodontal tissues.\(^1\)

The pathogenic processes that link the two diseases continue to be the focus of research. It is thought likely that upregulated inflammation arising from each condition adversely affects the other.\(^2\)

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\(^2\) Ibid
New evidence-based advances in the prevention, diagnosis and management of diabetes, in Australia and internationally

The relationship between oral health and diabetes can be different for people with type 1 diabetes and T2DM. However, in general, it is important for people with diabetes to maintain good control of both their oral health and their diabetes management.

People with diabetes should be encouraged to see their dentist for regular checkups and cleanings, especially those who have recently been diagnosed with diabetes or who have difficulty controlling their blood sugar levels.

Glucose can build up in saliva and plaque, which are sticky substances that coat the teeth. The bacteria in plaque feed on glucose, and as the bacteria multiply, produce acids that can irritate the gums, and eventually if not cleaned, lead to gum disease.

Gum disease can make it more difficult to control blood sugar levels. When the gums are inflamed, they protect the body from bacteria less effectively. This can lead to an increased risk of infection, which can make it more difficult to control blood sugar levels.

Good oral hygiene, regular dental checkups, and timely dental treatment should be recognised as essential healthcare measures in the prevention, management, and control of T2DM. Additionally, oral manifestations of T2DM should be monitored as important indicators for the management of this disease.

Treatment of periodontitis in people with diabetes has been shown to result in improved glycaemic control, with HbA1c reductions of 3–4 mmol/mol (0.3–0.4%) in the short term (3–4 months) post-treatment.³

³ Ibid
The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

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.

The mouth is an often-overlooked area of the body where complications of diabetes can occur. Diabetes Australia recognises that for people living with diabetes it is important that dental check-ups are done regularly, at least once a year, as diabetes can increase oral health problems. This advice is supported by the Oral Health Messages – A National Consensus Statement 2023.\(^4\)

All health care professionals should understand the clinical associations between oral disease and systemic health and the systemic effects of oral disease.

Programs that educate people about the health management of diabetes should emphasise the importance of oral health. This includes brushing and interdental cleaning twice a day, seeing a dentist for regular checkups and cleanings, and controlling blood sugar levels.

While periodontitis is the most common oral complication of diabetes, other complications can include:

- Dental caries, also known as tooth decay, is a condition that causes damage to the teeth. It is caused by plaque, a sticky film of bacteria that forms on the teeth. When plaque is not removed, it can produce acids that can eat away tooth structure.
- Dry mouth (xerostomia) is a condition in which the mouth produces less saliva than normal. Saliva helps to keep the mouth moist, clean, and free of bacteria. When saliva production is decreased, it can lead to tooth decay, gum disease, and difficulty swallowing.
- Oral thrush is a fungal infection that can cause white patches to appear on the tongue, gums, or inside the cheeks. It is caused by a fungus called Candida albicans. Oral thrush is more common in people with diabetes.
- Delayed or poor healing of wounds within the mouth is a condition that can make it difficult to heal cuts, sores, and dental procedures. People with diabetes have poor blood circulation and reduced immunity, which can make it difficult for the body to fight infection and heal wounds.
- Dysgeusia is a condition that causes a change in the sense of taste. This can make food taste different, or it can make it difficult to taste food at all.

There is increasing evidence linking oral and systemic disease. Dental Health Week 2023\(^5\) the ADA’s flagship annual health promotion activity sought to bring the community’s attention to this matter. Government funding, planning, and policy should include research into the association between oral diseases and systemic diseases such as heart disease and diabetes.

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\(^4\) Oral health messages for the Australian public. Findings of a national consensus workshop# - - 2011 - Australian Dental Journal - Wiley Online Library

\(^5\) Dental Health Week - Australian Dental Association (2023). Available at: https://www.teeth.org.au/dental-health-week
Sugar-sweetened beverages and hidden sugars

Sugar-sweetened beverages are a large contributor of added sugar to Australian diets. Australia is one of the largest per capita consumers of sugary drinks in the world, and consumption is particularly high amongst children and young people, and in socio-economically disadvantaged households. Sugary drinks are a leading contributor to tooth decay, given that they contain acid that weakens tooth enamel, and when bacteria in the mouth feed on the sugar, further acid is produced.

The World Health Organization (WHO) recommends adults and children reduce their intake of sugar to less than 10% of their total daily energy intake. On average, this equals about twelve teaspoons (50 grams) of sugar per day for an adult. This includes all added sugars, as well as the naturally occurring sugars in honey, fruit juices, syrups, and fruit-juice concentrates. Reducing intake to less than 5% of total energy intake (6 teaspoons or 25 grams of sugar per day for an adult) would provide even more health benefits.  

A single can of sugar-sweetened soft drink contains on average around 10 teaspoons, or 40 grams of free sugars. In 2022, the 19 leading public health bodies behind Rethink Sugary Drink, of which the ADA is a member, published results describing how 7-Eleven’s Slurpee Sour Orange Mega product topped their table with 49 teaspoons of sugar.

Limiting daily intake of free sugars to around 10% of daily energy intake is difficult for many. Sugary drinks are extensively marketed and ubiquitously available.

Further work is also needed to improve the Health Star Rating (HSR) System and implement prominent advisory labels/other measures to help consumers choose healthier products. Advisory labels for products containing large amounts of sugar are critical as it can be difficult for consumers to interpret the nutrition information panel and understand the 50+ different names of added sugars in the ingredients list so that they can make informed choices in line with dietary guidelines and WHO recommendations.

We reiterate the importance of mandating HSRs and advisory labels so that consumers can directly compare products. Motivating food and beverage companies to make these changes across their entire product range will continue to be challenging without mandatory systems.

The ADA favours introducing a levy on sugary drinks to increase the price by 20%, supporting a social marketing campaign to highlight the impact of sugary drinks on oral and general health and encourage people to reduce their consumption; and changing food-labelling laws to require that added sugars be clearly listed on all packaged food and drink products through front-of-pack labelling.

Oral health evaluation by non-dental professionals

Oral health evaluation by non-dental health professionals offers potential benefits in promoting overall oral health and well-being – particularly in remote or rural locations where dental professionals may not be as accessible. These professionals, such as physicians, nurses, and pharmacists, could play a helpful role in early detection, prevention, and referral of oral health issues.

By including basic oral health assessments as part of routine health check-ups in areas without a dentist, non-dental health professionals could identify obvious oral health problems and refer them to dental professionals for further evaluation and treatment.

This occurs in some Medicare items such as the Healthy Kids Check and for persons who identify as an Aboriginal or Torres Strait Islander peoples, but it is not mandatory for those who with an intellectual disability or those over the aged of 75 years. This is an ideal time for medical GPs and primary care nurses to identify oral health problems early.

Lastly, sharps disposal services are available for people with diabetes at selected pharmacies. Such visitation could present an opportunity for pharmacists to ask about oral health and recommend an appointment with a dentist.

With this knowledge, governments should be cognisant of this bi-directional relationship and ensure that oral health features in public health campaigns and that there is support for individuals with diabetes to access oral health services.

Recommendations

1. Public funding by governments, planning, and policy to include research into the association between oral diseases and systemic diseases including diabetes.
2. Introduce a health levy on sugary drinks with the aim of increasing their retail price by 20%.
3. Include oral health messages in public health campaigns targeting individuals with diabetes.
4. Explore emphasising oral health evaluation in the Senior Health Assessment and the Health Assessment for people with an intellectual disability.

Thank you for your consideration of our comments. Should you have any questions, please do not hesitate to contact Mr Damian Mitsch, ADA Chief Executive Officer, on 02 8815 3333 or at ceo@ada.org.au.

Yours sincerely,

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Vice-President