MINI REVIEW

Oral diseases and oral health education

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ABSTRACT

Since oral health affects general health by causing significant pain and suffering, changing what people eat, how they speak, and the quality of their quality of life, the compartmentalization of viewing the mouth separately from the rest of the body needs to end. Other chronic diseases are influenced by oral health. Millions of people suffer from intractable toothaches, poor quality of life, and end up with few teeth as a result of a failure to address social and material causes and incorporate oral health into general health promotion

Key Words: *Oral health; Oral disease; Oral hygiene; Chronic disorders*

INTRODUCTION

The most frequent chronic diseases are oral disorders. Because of their ubiquity, the high cost of treatment, and the impact on individuals and society, they constitute a major public health concern. Oral disease determinants are well understood. Diet and dirt (hygiene), smoking, drinking, dangerous behaviors' that cause injuries, and stress are all risk factors for a variety of chronic diseases. Although many oral disorders are seldom life threatening, their consequences might have an impact on an individual's or a population's general well-being [1]. Clinical standards for determining oral health are mouth-centered and rely on the assessments of dental practitioners. They have been criticized for their restricted focus in terms of failing to evaluate functional and psychosocial elements of oral health, despite the fact that they are useful [2]. Chronic disorders such as obesity, diabetes, and caries are on the rise in developing nations, implying that oral health-related quality of life, as well as overall quality of life, may suffer [3]. Because oral and other chronic diseases share determinants, the common risk factor approach should be prioritised. Integration with this strategy is a crucial notion driving future oral health policies, with a primary benefit being a focus on improving health conditions in general for the entire population as well as for high-risk groups, hence eliminating socioeconomic disparities. In all but a few places of the world, chronic diseases and injuries are the primary causes of death [4-5]. Changes in illness trends around the world are directly linked to changing lifestyles, which include high-sugar diets, extensive cigarette use, and rising alcohol intake. In addition to socio-environmental determinants, oral disease is strongly linked to these lifestyle factors, which are both hazards and protective factors for most chronic diseases, such as fluoride exposure and good oral hygiene. Because of their high frequency and incidence in all regions of the world, oral diseases qualify as major public health problems. As with all diseases, the largest burden of oral diseases falls on underprivileged and socially marginalised communities.

[6] The serious consequences in terms of pain and suffering, impairment of function, and influence on quality of life must all be considered. Traditional oral disease therapy is too expensive in several developed countries and impossible in the majority of low- and middle-income countries [7]. A new strategy for managing oral disease prevention and control has been added to the WHO Global Strategy for Prevention and Control of Noncommunicable Diseases, which has been added to the common risk factor approach. Through collaboration with other technical programmes under the Department of Noncommunicable Disease Prevention and Health Promotion, the WHO Oral Health Programme has bolstered its efforts to enhance global oral health. The current state of oral health and global development trends are described, as well as WHO plans and techniques for better oral health in the twenty-first century.

Oral health education

Today's oral health education is neither effective nor efficient. Many oral health programmes are created and conducted independently of other health-related programmes. This frequently results in duplication of effort, or, in the worst-case scenario, competing messages being sent to the public [8]. Furthermore, oral health programmes tend to focus on individual behaviour change while generally ignoring the impact of socio-political factors as significant health determinants. This paper proposes a case for an alternative approach to oral health policy based on broad principles of health promotion. Within the context of the larger socio-environmental milieu, the common risk factor approach examines risk factors that are common to many chronic illnesses [9]. Diet, cleanliness, smoking, alcohol use, stress, and trauma all affect oral health. Because these factors are common to a variety of other chronic diseases, a collaborative approach makes more sense than a disease-specific strategy. The approach to common risk factors can be used in a variety of ways. Effective methods of boosting oral health include food policy development and the Health Promoting Schools project. The state of one's teeth and gums is crucial to one's general health.

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Poor oral health can have a detrimental impact on a person's quality of life, including their ability to eat and sleep. Dental caries remains a substantial source of morbidity for young children, despite significant improvements in oral health in recent decades. Because dental caries in primary teeth is linked to caries in permanent teeth, primary caries prevention and treatment can have long-term advantages [8]. Dental decay can be avoided by combining professional dental services with good oral hygiene at home. Regular teeth brushing with fluoride toothpaste at home is linked to a lower risk of caries and periodontal disease, and brushing twice a day is much more effective than brushing once a day. The American Dental Association, the American Academy of Pediatric Dentists, and the American Academy of Pediatrics all advocate brushing your teeth twice a day, but parents of typically developing children say it's difficult to stick to. Parental oral health attitudes, social conventions, and extrinsic restraints such as time constraints and recalcitrant kid behaviour are all common impediments to teeth brushing. Tooth loss, generalised dental decay, periodontal illnesses, oral mucosal infections, candidosis, mucosal dysplasia, xerostomia, erosion, bruxism, jaw clenching, tooth wear, and temporomandibular disorders are among oral consequences connected with medications. [6]. These issues may be caused directly by drug side effects on the oral cavity, or they may be caused indirectly by drug side effects such as a chaotic lifestyle, carelessness, traumatic orofacial injuries, poor oral hygiene, excessive carbohydrate intake in the diet, and improper nutrition. Furthermore, a lack of attention to oral health and a lack of usage of dental services may aggravate the condition.

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