

Oral Health Challenges: Global Burden of Disease as Information Resource for Policy-Making and Health Situation Analysis

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EDITORIAL

The life expectancy of the population has increased significantly in the last decades and people all over the world are living longer than in any other age and the population is aging [1]. This gain in life expectancy has been accompanied by important changes in the composition of diseases and injuries, with emphasis on the progressive increase of chronic diseases that are more resistant to treatment, difficult to prevent and long lasting [2].

To ensure that a health system is adequately health challenges of a population, policy makers should to compare the effects of different diseases that prematurely kill people and cause poor health [1,2]. The origin of the Disease Burden studies is in World Bank's 1993 World Development Report: Investing in Health. Originally designed for comparisons across regions of the world, disease burden studies have been conducted in a number of countries, regions and same country, making it possible to verify inequalities and inequities in health within the same geographic unit³.

The Global Burden of Disease Study (GBD) approach is a systematic and scientific effort to quantify the comparative magnitude of the health loss diseases, injuries and risk factors by age, sex and geography for specific points in time [1-3]. The goal is to create a global public good that will be useful in informing the design of health systems and the creation of a public health policy. He estimates premature death and disability due to 291 diseases and injuries, 1,160 sequelae (direct consequences of illness and injury), and 67 risk factors for 20 age groups and both sexes. In addition to comparable information on the impact of fatal and nonfatal conditions, need comprehensive data on the causes of that are most pertinent for each country.

The GBD study included worst oral conditions: untreated caries, severe periodontitis, and severe tooth loss [4,5]. The oral conditions analyzed are shifting from severe tooth loss toward severe periodontitis and untreated caries. Thus, a reduction in the prevalence of tooth decay and periodontitis may contribute to reduce prevalence of tooth loss [4]. Studies highlight the challenge in solving to the diversity of oral health needs worldwide, particularly in Low income levels countries. Study showed that estimated

direct costs of dental diseases amounted to \$356.80 billion and indirect costs were estimated at \$187.61 billion, totaling worldwide costs due to dental diseases of \$544.41 billion in 2015. The highest levels of per capita dental expenditures were found for High-Income North America, Australasia, Western Europe, High-Income Asia Pacific, and East Asia [5]. From an economic perspective, improvements in population oral health may be highly beneficial and could contribute to further increases in people's well-being given available resources⁵.

The GBD approach has underestimated the burden of oral conditions and seems to have increased in the past 20 years, but not evenly. Furthermore, these studies provide highly relevant information for preventive and therapeutic. The implications of this study for oral health care investment are useful in the planning of workforce needs and the content of dental education to responding oral health needs.

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