

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 link between oral and systemic diseases, such as heart disease and diabetes.

1. Background

- 1.1. There is an increasing body of evidence demonstrating links between oral and systemic disease.
- 1.2. 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 and certain forms of cancer have also been reported.
- 1.3. This research has important implications for the future of oral health care in the context of health care, the education of health professionals, and clinical practice.

2. Principles

- 2.1. The associations between periodontitis and certain chronic diseases do not imply causation, but such effects are biologically plausible.
- 2.2. There are common risk factors shared by periodontitis and many chronic diseases.

3. Position

- 3.1. All health care professionals should understand the clinical associations between oral disease and systemic health and the systemic effects of oral disease.
- 3.2. An emphasis on optimal oral health and control of oral infection and inflammation should be an important part of any therapeutic strategy that seeks to reduce the local and systemic effects of oral disease.
- 3.3. Additional long-term clinical trials are needed to define the effect of periodontal therapy on clinical outcomes of chronic diseases.
- 3.4. Government funding, planning and policy in health must include oral health and oral health research.

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