

# GROUP ON ORAL HEALTH STATUS AND ORAL HEALTH RELATED QUALITY OF LIFE

**Health Monitoring Programme  
European Commission**

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# INDICATORS AND HEALTH POLICIES

- The biggest problem is the inequality in oral health (groups 1,3)
- This concerns especially children, adolescents, elderly
- Identification of the risk groups is a major issue

# Indicators and the long list structure

- The following structure was proposed by the group one and supported by other groups:

INDICATOR; EVIDENCE; FEASIBILITY

# CRUCIAL INDICATORS

## Dental caries

- The percentage of population affected;  
the mean DMFT of those affected (group1)
- The DMFT index with its limitations is still needed and its is useful for benchmarking between countries and for planning oral health services (all groups) especially the D component (group 3).
- A new indicator caries of the first permanent molars was proposed by group 1 ( cheap and robust) to be added to the long list

# CRUCIAL INDICATORS

## Periodontal diseases

- CPI and loss of attachment (Group 1,3)
- Bleeding on probing (Group1)
- Presence of pockets, severe pockets? (Group 1,2)
- Comments on CPITN (group2): not easy to get reliable data

# CRUCIAL INDICATORS

## Missing teeth

- Edentulousness , useful indicator at the moment, in the future?
- 20 or more teeth present ( group1), this indicator should be added to the long list

# ORAL HEALTH RELATED QUALITY OF LIFE

- There is need for measurement of the oral health related quality of life and it should be included as part of the section Oral Health Status
- OHIP index was proposed by group 2
- The other groups discussed about using an easy and robust index (pain, being able to eat)

# OTHER ITEMS AND FUTURE DIRECTIONS

- Collecting data on oral cancer is a national responsibility (the cancer registries)
- Sealants should not be in the Oral Health Status
- Important issue is orthodontic care; indicator connecting malocclusion and the quality of life is needed