

LIFESTYLE IMPACT ON ORAL HEALTH

S. Akhtar Hussain Bokhari¹

Principal *Oral Diseases* affecting the populations are “Dental Caries and Periodontal Diseases” with etiological factors of sugar in the diet and bacterial dental plaque. Among the other oral problems, *Oral cancer* is a major concerning disease that affects although a minority, but the prevalence is increasing in some countries because of the classical risk factors of smoking and alcohol. The additional identified risk factors are of tobacco that is commonly used in subcontinent, and pan-supari, which has become more harmful in children in Pakistan with respect to oral cancer.¹

Life-style is defined in terms of diet-pattern, social class, income level, education, habits, culture, and environment etc.² “Life style influences”, including diet, effective oral hygiene, and smoking are pivotal to the occurrences of oral diseases.

Oral diseases are closely linked to lifestyle. Dental health encompasses the likelihood of making healthy choices in relation to diet, smoking, tobacco, oral hygiene and utilization of dental health services.³ A rise in the use of sugary diet, especially bakery products and carbonated drinks increase prevalence of Dental caries.

This unhealthy diet pattern is more common in children and adolescents that is why dental caries is considered a disease of childhood. Lack of oral hygiene from early to adult age results

in accumulation of plaque and calculus, the major etiological factors for Gingivitis (Inflammation of gums) and Periodontitis (inflammation of supporting tissues of teeth). There is overwhelming evidence that periodontal disease and dental caries affect the majority of the populations, their prevalence and severity vary according to age, sex, race, geographic areas, socioeconomic factors, local and systemic factors, and methods of oral cleansing.³

Urbanization, Industrialization and Socialization bring changes in social life and affect oral & general health of the people. National and multinational food / beverages companies promote their products at mass level and have a negative impact on the diet pattern of individuals generally and children especially. A good example, of such advertising campaigns on Mass Media in our country, is that of “Pan-Supari” potentially an established cause of oral cancer, even in children. On the other hand, health promoting campaigns are negligible and health authorities are not attentive to this rising problem of Cancer in children due to Pan-Supari. New health promotion approaches adopted by World Health Organization (WHO, Ottawa charter 1987) may help avoid this problem.⁴ This emphasizes public health policy and the creation of healthy environments supporting the production and availability of healthy products, so facilitating the people to make healthy choices.

Relationship between socio-economic status and health is well established. Migrants to new societies and social circles bring change in behaviors with respect to diet, living habits and development of new lifestyle. People with an improved socio-economic status use refined and high sugary diet and use carbonated drinks more as compared to low-income people, so they appear to have more caries but on the

1. Dr. S. Akhtar Hussain Bokhari,
Department of Oral Health Sciences,
Sheikh Zayed Post graduate Medical Institute,
Lahore - Pakistan.

Correspondence:

Dr. S. Akhtar Hussain Bokhari
E-Mail: sahbokhari47@hotmail.com

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other hand they improve oral hygiene in order to have better look and smile. High caries prevalence and better oral hygiene is seen in high societies, whereas in low social classes caries occurrence is not high but oral hygiene is very poor. Education and occupation also have an impact on oral health and their relationship is reciprocal.

Oral Health problems are not life threatening and in terms of quality of well being; oral health is less weighted when it comes to identify symptoms which compromise healthy life. Oral & Dental diseases however, are also defined in terms of impairment, disability and handicapping. World Health Organization⁵ accepts impairment as a loss of or abnormality of mental, physical and biochemical function either present at birth or arising out of disease or injury such as edentulousness, periodontal loss or malocclusion etc in dentistry. Likewise Disability is any limitation in or lack of ability to carry out socially defined tasks and roles that individuals are generally expected to be able to do. A handicap is a broader term that explains a permanent disability from functioning and dependency. The relationship between impairment, disability and handicap is a continuum. For example a "malposed or missing tooth" (impairment) can lead to restriction in eating, avoidance of hard foods (physical disability) or make people embarrassed of smile (psychosocial disability) or avoid eating before others (social disability). Lastly it may be a disadvantage to an individual leading to problems with employment and gender relationship. Dental ill health is largely social and behavioral in origin and almost entirely preventable by social & behavioral means. Oral health in

any respect cannot be given less weight due to its low morbidity and mortality, as health of tissues (teeth, gums) of the "Mouth" (gateway) to our body is essential like other tissues of the body. Health is an elusive entity, more than the mere absence of disease and being referred to as quality of life with social, emotional, spiritual and physical functions. And it is evident that dental/oral diseases result in impairment and physical disabilities that have impact on social, emotional and psychological aspects of life. Wellness is a positive state in all respects. Better-educated, well-informed social classes have better health and adopt healthy practices.⁶ A healthy mouth is a premise of overall health. The oral cavity can be a mirror image of other areas of the body and many systemic illnesses are manifested in the soft tissues of oral mucosa of the mouth. When oral health is compromised, overall health can be affected.

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