



The Oral/Systemic Connection: Where's ECC? What's Our Role?

Recently, Pfizer, the makers of Listerine, launched an advertising campaign that emphasizes the “mouth–body connection.”¹ The American Dental Association Web site provides information and a wealth of references for dentists and consumers on Oral–Systemic Health.^{2, 3} Among the conditions explored on both Web sites are gingivitis, periodontitis, pregnancy, smoking, heart disease, and diabetes. Much discussion has surrounded this oral/systemic connection as dentistry continues to wrestle with its place in the broader healthcare system.

Pediatric dentists are already well attuned to the issue of oral health affecting systemic health. We deal every day with a disease that puts children in pain, causes them to lose time from school, and forces their parents to lose time from work to care for their sick children. This disease interferes with the child's sleep and makes eating difficult. Growth is retarded in a significant percentage of affected children, some of whom meet at least one of the criteria for “failure to thrive.” Fortunately, treatment of the disease results in “rebound” growth, with weight gain and increased velocity in height.⁴ What is this disease that creates such systemic problems for children? It is early childhood caries, ECC, a disease that affects significant numbers of young children. If an oral disease deserves to be part of the oral/systemic health conversation, this is a prime candidate.

Dentistry should decide where to take this oral/systemic paradigm. Are we talking about oral conditions that affect systemic health? Systemic conditions that have oral manifestations? Dental caregivers screening for systemic diseases? Actually, it is all of these and more, but it is confusing to the public. Soon some enterprising colleague may be advertising that a visit to the dental office can help prevent heart disease. Here is one suggestion: modify the paradigm in favor of simply promoting our profession as an integral part of the overall healthcare system. Cardiologists do not discuss the “cardiac/systemic” connection; neither do our colleagues in gastroenterology talk about “colon/body” health. Similarly, we should help our patients and their parents view the oral cavity as being as important as any other part of their bodies. It happens to be the beginning of the digestive tract, as vital to good nutrition and overall health as any other component of that system. In addition, the mouth plays a major role in speech and is a primary esthetic feature of the face. The oral health of our patients affects how others view them, how they interact socially, maybe even what kind of job they will eventually have.

As part of the healthcare system, dentistry should be involved in assessing the disease risk of patients and intervening early to prevent disease or manage it before it gets out of hand. Sound familiar? Pediatric dentists have been promoting the dental home and the age 1 visit for some time now, and our colleagues are starting to listen. We should be able to use salivary tests to assist us in disease risk determination, just as blood tests are used in medical settings. Sound familiar? Salivary bacterial screening tests have been part of some pediatric dental practices for years. Soon, we will likely be able to conduct salivary tests for a variety of other conditions. Dentists should provide counseling to patients about nutrition, obesity, and tobacco use. Sound familiar? We know a lot about the link between nutrition and oral health, and while we have only nascent literature on the relationship between obesity and dental caries, we know much about the effects of obesity on other systems. Tobacco counseling is another routine part of many pediatric dental practices.

Dentistry has a significant role to play in the healthcare system. Nowhere is that more true than in what we do for children. The American Academy of Pediatric Dentistry's vision statement says it all: “optimum health and care for infants, children, adolescents, and persons with special health care needs.”

References

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Steven M. Adair, DDS, MS

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