



SEPTEMBER 2012

// REPORT

**HEALTHY MOUTH
HEALTHY LIVING
HEALTHY AGEING**

Investing in prevention is the most cost-effective approach to healthcare

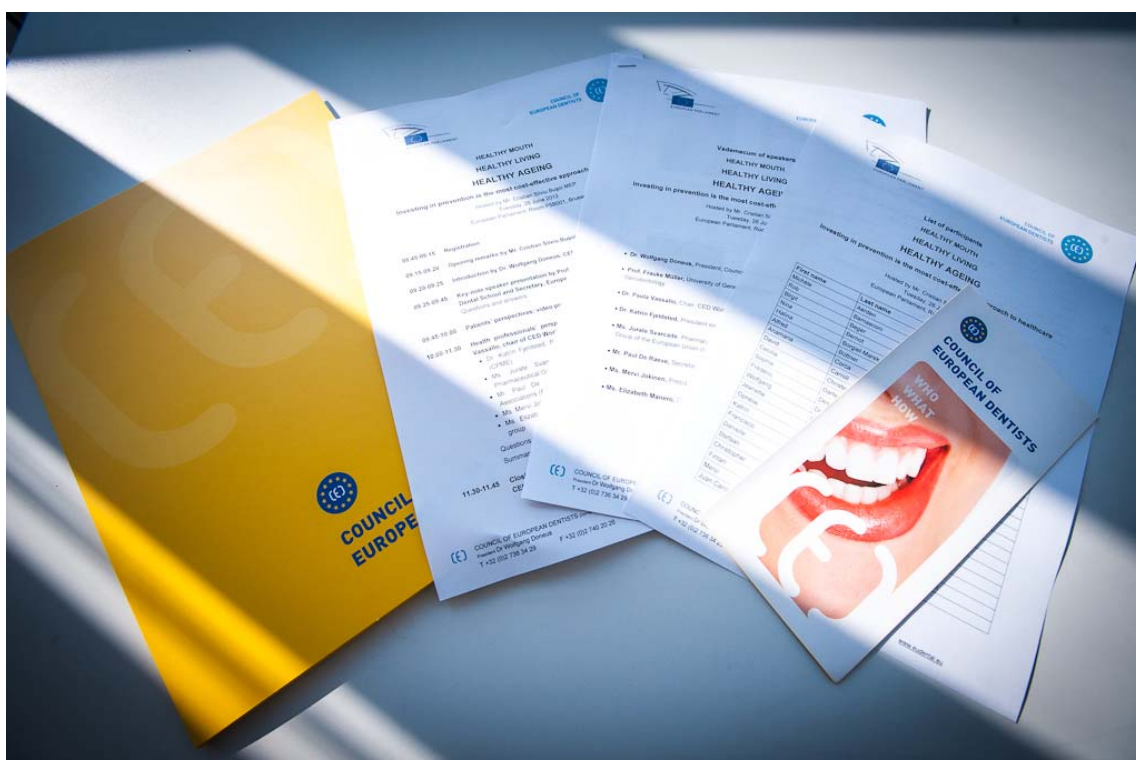


// INTRODUCTION

On 26 June 2012, Cristian Silviu Buşoi, MEP, hosted in the European Parliament in Brussels a policy discussion organised by the Council of European Dentists (CED). Entitled "Healthy mouth, healthy living, healthy ageing: Investing in prevention is the most cost-effective approach to healthcare" the event, organised in the context of the European Year of Active Ageing and Solidarity between Generations, intended to raise awareness about the links between oral and general health, and about the need for life-long prevention to ensure healthier old age. Speakers included representatives of patients and of European associations of healthcare professions: the Standing Committee of European Doctors (CPME), the Pharmaceutical Group of European Union (PGEU), the European Federation of Nurses Associations (EFN) and the European Midwives Association (EMA). More than 50 participants attended the event, including delegates of 14 national dental associations and dental chambers from across Europe, as well as representatives of Association for Dental Education in Europe (ADEE), French Union for Oral Health, European Heart Network (EHN), AGE Platform Europe, European Region of the World Confederation for Physical Therapy (ER-WCPT), industry and MEP assistants.

// MAIN MESSAGES

- Oral health is an integral part of general health and well-being
- Tackling oral diseases separately from general diseases is neither medically effective nor cost-efficient
- Oral health must be integrated in general prevention and health promotion at national and EU level
- Oral health of the elderly presents specific challenges, requiring systemic changes and sufficient funding
- Interdisciplinary and integrative approaches to healthcare, with enhanced education, cooperation and exchange of information between different healthcare professions and patients are encouraged, to correct the existing gaps between theoretical knowledge and practice of health professionals



// OPENING REMARKS

MEP Cristian Silviu Buşoi, the host of the event, thanked the CED and CED President Dr Wolfgang Doneus for taking the initiative to organise the discussion. He stressed that a large proportion of the European population is at some point in their life affected by poor oral health. In the 2010 issue of Eurobarometer, the majority of adults reported not having all their natural teeth and the percentage of young people aged 6 to 19 years being affected by dental caries was reported to range between 42 percent in Sweden and 97,6 percent in Latvia. Oral diseases are a major burden on public health systems and particularly affect certain high-risk and disadvantaged groups, such as children, the ageing, medically compromised or institutionalised persons.



Mr Buşoi noted that the extent of connections between oral and general health is often not sufficiently recognised by the general public and policy makers. Diseases and conditions which might have the same risk factors or are otherwise linked, are combated separately. This is not the most medically effective approach and it is also not the most cost-efficient, which is particularly important in this time of austerity and budget cuts across Europe. He stressed that we have to look at the broader picture and take a multidisciplinary approach to health at national and European level to ensure that we use our scarce resources in the best way possible.

Mr Buşoi reminded the participants that 2012 is the European Year for Active Ageing and Solidarity between Generations and that by 2060, 30 percent of the EU population will be aged 65 years or over. This

demographic change will have an important impact on many parts of our society, including on national health systems. Good oral health is indisputably a condition for growing old in good health, as a full member of the society and enjoying a good quality of life. However, oral health of the ageing population presents specific challenges as the elderly are, for different reasons, less likely to have sufficient access to dental care and are more likely to suffer the consequences.



Dr Wolfgang Doneus, President of the CED, thanked Mr Buşoi for hosting the event. He hoped that the day's discussion will be the beginning of an on-going dialogue with the Members of the European Parliament and with healthcare professions about the important links between oral health and general health, and about what could be done together to ensure that Europeans are given the best chance possible to age in a healthy way, free of oral and other major diseases.

Dr Doneus recalled that the CED organised in 2007 a workshop on oral health in the framework of the Portuguese EU Presidency conference on Health Strategies in Europe. The workshop participants adopted recommendations which called for a European strategy for oral health, and the CED has since adopted a resolution on the need to integrate oral healthcare into general healthcare at national and EU level.

He noted that while the links between oral and general health have long been known from anecdotal evidence, experts are now conducting studies and discovering new and interesting correlations.

Dr Doneus looked forward to the discussion and hoped that it would conclude with constructive suggestions for healthcare providers and for policy makers. He concluded by introducing the keynote speaker, Professor Frauke Müller, chair for gerodontology (the study of dentistry in relation to ageing) and removable prosthodontics at the University of Geneva, President of the Swiss Society for Dentistry for elderly and handicapped persons and Secretary of the European College of Gerodontology.

Oral health is an integral part of general health and well-being. A range of diseases can be classified as oral diseases including dental caries, periodontal diseases, oral pathology and cancers, dento-facial trauma and dental erosion. The major risk factors for oral diseases are the same as for major chronic non-communicable diseases such as obesity, heart disease, stroke, cancers, diabetes and mental illness. In addition, the presence of an untreated oral disease also increases the risk of the patient developing one or more of other major chronic diseases.

May 2011 CED Resolution "For better oral health of all EU citizens: Mutual integration of oral and general health"

- Patients with severe periodontal disease are twice as likely to die, of any cause, before the age of 64.
- Patients with Type I or Type II diabetes have a 2.5 to 3.5 greater risk of developing periodontal disease.
- Periodontal disease patients are twice as likely to have a stroke.
- Premature births can be reduced by 84% in pregnant periodontal patients who receive appropriate dental treatment before 35 weeks of pregnancy.
- Patients with severe mental illnesses like schizophrenia or bipolar disorder are over three times more likely to lose their teeth because of poor oral health than the general population.

Conclusions of scientific studies

// KEYNOTE PRESENTATION

Professor Frauke Müller presented the current trends in oral health situation of the elderly population. Europe is experiencing ageing of the population, with increasing life expectancy of individuals who are more likely to retain their natural teeth longer. Oral diseases are prevalent among the elderly; in a German study, only 0,3 percent of 65 to 74 year-olds were found to have a sound dentition and no caries experience. Overall, even while the number of natural teeth decreases with ageing, the prevalence of periodontal disease and root caries increases. Older patients are also more often affected by multiple other diseases and conditions, making treatment of oral diseases more difficult.

Elderly people are, as a result of their frailty, often dependent on their carers for daily activities and are likely to have problems dealing with missing teeth. Swiss data from 2002 showed that 4 out of 10 people over 85 had no natural teeth left and that 9 out of 10 wore removable dentures. Dental hygiene in

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Professor Frauke Müller

hospitalised elderly is a particular problem, as hospital staff frequently does not know how to properly take care of their patients' teeth. The situation is even worse for demented patients who are completely dependent on their carers and who have an increased likelihood of having dental caries, deep periodontal pockets and

poor dental and oral health compared to non-demented persons. Knowing that demented population will increase in the coming years, this is a topic that needs to be addressed. Finally, dry mouth, a side effect of many medications taken by the elderly, can cause dental decay to progress at incredible speed; in a few weeks, patients with dry mouth and poor oral hygiene start experiencing loss of clinical crowns which become disconnected by caries from the roots and can be swallowed by the patient.



Professor Müller presented a summary of scientific evidence available today, demonstrating links between periodontal disease and cardiovascular diseases, diabetes, osteoporosis and aspiration pneumonia. There may be a relation between dental state and cognitive function; a study showed the number of teeth to be related to cognitive impairment in the elderly which could be related to the fact that chewing increases the blood flow to the brain and enhances cognitive performance. The presence of natural teeth is known to have an effect on the

longevity and mortality of people. Oral health determines the nutritional state of the patient; this is very important as nutrition and weight are major issues in geriatric care and recent studies show that in elderly patients, a higher BMI of around 28 is associated with reduced mortality. Significantly, regularly and effectively brushing teeth in an institutionalised population prevents 1 in 10 deaths from pneumonia which can occur in patients with poor dental hygiene who aspirate dental plaque and bacteria from the mouth.

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Prevention in oral care is clearly more cost-effective compared to dental treatment. The benefits of prevention in the elderly population include infection control, pain control and increasing the comfort of patients. Restoring oral function also has functional benefits for chewing, speaking and occlusion (contact between teeth) as well as psychological and psychosocial benefits through increased well-being and self esteem.

Providing dental care to elderly persons requires working in a team with other health professionals. However, dentists and dental hygienists are very rarely included in caring for the elderly. Different approaches have been made such as having independent dentists or dental hygienists visiting patients in nursing homes and dental vans coming to nursing homes several times a year.

Teaching gerodontology, the study of dentistry in relation to ageing, is a very important issue. A study conducted in Germany showed that young dentists rarely feel comfortable providing care to elderly patients because they lack the necessary clinical experience to assess the associated risks and standard of care which should be provided. Young dentists should be taught gerodontology and Professor Müller welcomed the support by the CED to include gerodontology in the list of study subjects for dentists in the Annex of the Professional Qualifications Directive (Directive 2005/36/EC).

What are the public health demands in geriatric dentistry for the future? We need to increase awareness, foster interdisciplinary research in geriatric dentistry, reduce administration and logistic effort, introduce compulsory undergraduate teaching and develop structured post-graduate training so that the dental profession is prepared for the challenges of the ageing population. Health policy makers should recognize that dentistry is an integral part of

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medicine and not a separate discipline. Oral health should be integrated in every general prevention campaign. Interdisciplinary approaches should be strengthened, gerodontology should be added to the medical and the nursing curriculum and sufficient funding should be allocated to oral healthcare.

The keynote presentation was followed by a discussion.

CED Director **Dr Nikolai Sharkov** clarified that dentistry is a branch of medicine rather than a medical specialty.

Responding to a question about what could be done to improve nutritional habits of the elderly in nursing homes, Professor Müller explained that a simple test, such as biting on a finger or using a chewing gum can give a good indication of the chewing capacity of a patient and is recommended as part of the general admission process into an institution, but is unfortunately not often practised.

In connection to the role of dental hygienists in improving dental care of the elderly, Professor Müller clarified that in some countries dental hygienists are only allowed to practise under the supervision of the dentist. While the role of dental hygienists can be useful, they cannot conduct full examinations which are also necessary, for instance to diagnose oral cancer and other conditions, and which can be only conducted by dentists.

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Professor Frauke Müller

Professor Müller stressed that all dentists, including private practitioners and dentists in nursing homes, should be involved in treating elderly patients; the problem is too big to leave it to the specialists.

To enhance connections between the medical and the dental profession, Professor Müller recommended integrating more dentistry in the medical training and making it part of examinations which medical students need to pass. In old age the frequency of contacts with medical doctors increases while the frequency of contacts with dentists decreases, so doctors should be aware of any oral and dental health problems and refer patients to dentists.

CED Vice-President **Dr Francisco Rodríguez Lozano** expressed concern that in some European countries the government only supports dental care for children while neglecting the elderly population. He hoped that the European Parliament could do something to improve oral health and subsequently the quality of life of the elderly. Mr Buşoi explained that because of subsidiarity healthcare is the prerogative of national and regional authorities but that the European Parliament can collect and recommend best practices for implementation. The Parliament is very active in the area of ageing which is not only a health problem but a multidisciplinary issue on which several initiatives are currently in place.

// PATIENTS' PERSPECTIVES

[A video of patient testimonials](#) was screened in which patients explained how oral health and oral conditions affected their general health and quality of life.

I'm very aware that oral health is linked to heart attacks, stroke, and diabetes. I've actually been tested for those conditions myself... because I was so concerned about my gum disease. ... A lot of people are just frightened but don't know what to do about it.

Periodontal patient

// HEALTH PROFESSIONALS' PERSPECTIVES

The discussion was moderated by **Dr Paula Vassallo**, chair of the CED Working Group Oral Health.

Replying to the question of whether the relationship between oral and general health is sufficiently recognized by medical doctors, **Dr Katrin Fjeldsted**, President elect of the Standing Committee of European Doctors (CPME), felt that this might be the case in theory but much less in practice. While oral health issues are included in the education of medical doctors, doctors often assume that patients look after their teeth themselves and visit a dentist when necessary, which is obviously not always the case. She stressed that there is scope for working together on these issues but that one of the obstacles in many countries is the associated cost. Because dental treatment is in most countries not covered or reimbursed, dentistry is often considered to be separate from other kinds of healthcare; changes in political attitudes are therefore necessary. She felt that the first step to improving awareness about the importance of oral health would be by influencing children and their parents, perhaps through books or television programmes similar to LazyTown.



Anamaria Corca, CPME EU Policy Assistant and **Dr Katrin Fjeldsted**, President elect of CPME

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Dr Katrin Fjeldsted

Mervi Jokinen, President of the European Midwives Association (EMA) explained that midwives have an important role in terms of public health promotion, education and prevention during pregnancy, labour, and - in some countries - up to a year after birth, including on issues of oral hygiene. Pregnant women are more susceptible to gingivitis and caries because of physiological and hormonal changes; this is something midwives are aware of and they advise women to visit their dentists during the pregnancy. Midwives are aware of the results of studies showing correlation between oral diseases in expecting mothers and premature births, as well as of links to endocarditis and systemic sepsis. However, she agreed with Dr Fjeldsted that there is a gap between theory and practice and that often the only oral health-related advice a midwife will give is for the pregnant woman to see a dentist. She warned that the current socio-economic situation in many countries where patients have to privately pay for dental treatment is causing inequity and inequality in access to dental care and

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Mervi Jokinen



that having free dental treatment for pregnant women, as is the case in the United Kingdom, is extremely positive in this sense. She stressed that women are much more interested in health-related information during pregnancy and potentially more motivated to implement changes in lifestyle; shared messages with other health professions during pregnancy are therefore very important.

Elizabeth Manero, Director of Health Link, an independent patient interest group, commented on the attempts to enhance cooperation between different health professions from the perspective of patients. She stressed that while the person with the biggest stake in oral health is the patient, we have not yet started to think about how to give the patients the knowledge, the awareness and the opportunities to improve their own oral health and to seek help when they have a problem. She suggested better informing adult patients about the links between general and oral health, to encourage proper oral hygiene. She recalled her own work with disadvantaged pregnant women who have had a lot of health-related problems in their own life and who see pregnancy as a new chance to do something for their baby and are very highly motivated. On the other end of the lifespan are the elderly people who do not have the motivation to address their oral health problems and have to look to their carers for oral care. There are various points in the system that could be looked at, including interprofessional training. Responding to a question about successful health promotion campaigns which could be taken as best practice examples and applied to oral health, she pointed out that social marketing can be useful. A workshop she was involved in showed that what patients want from their health professionals is dialogue and to be treated as equals; these lessons could be applied to improve patients' awareness and motivation. She was convinced that people would be receptive to oral health messages if presented properly and in a way that showed they could do something about it.

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Elizabeth Manero

Jurate Svarcaite, Pharmaceutical and Professional Affairs Advisor at the Pharmaceutical Group of the European Union (PGEU) underlined that every health professional that sees a patient should be responsible for passing on the message on oral health and general health. An important element of ensuring this is by building relationships within a community, for instance between local pharmacists and local dentists. She recalled her own experience as a pharmacist who learned most of what she knows about oral health from a dentist friend, rather than at the university, which she called a missed opportunity. Patients often turn to the pharmacist when having a toothache or when buying a toothbrush or toothpaste and this is a unique opportunity to pass on messages about oral health. She felt that oral health subjects should become better integrated into the curricula of other health professions and that relationship between health professions in the community should be strengthened, for instance through integrated care groups



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Jurate Svarcaite

Jurate Svarcaite, PGEU Pharmaceutical and Professional Affairs Advisor and **Paul De Raeve**, Secretary General of EFN

Paul De Raeve, Secretary General of the European Federation of Nurses Associations (EFN) related the present discussion to the background of the expected changes to the Professional Qualifications Directive and fiscal austerity across Europe. As a first best practice he recommended investing more in the education of health professionals. EFN is a member of the European Innovation Partnership on Active and Healthy Ageing in which they are focusing on integrated care; in this context it should be explored how technology would be able to help us in better informing all carers about oral health. While he supported in principle the need to improve awareness of oral health issues, he warned that budget cuts mean that there is no more money for large and expensive health promotion and prevention campaigns, particularly on issues that on surface appear very simple such as tooth brushing. Therefore EFN within the Innovation Partnership focuses on local initiatives and initiatives which can be shown to be cost-effective.

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Paul De Raeve

In connection to health promotion campaigns, **Mervi Jokinen** stressed that health promotion campaigns often focus on a specific issue which is taken forward in a very narrow-minded way. For example, the EU-funded campaign "Ex-smokers are unstoppable", which is very relevant to the midwives and the dentists, was not very well communicated to all health professions meaning that many professionals are still not aware of it. The focus of this kind of campaigns is often on the money rather than on the message. **Jurate Svarcaite** added that public health campaigns need to take a holistic approach, ensure consistency of messages and be better coordinated, while public-private partnerships and engaging with commercial partners might be a solution for financing the campaigns.



Left to right: **Dr Fjelsted, Dr Vassallo, M. Jokinen, E. Manero, J. Svarcaite, Mr Buşoi.**

Elizabeth Manero supported the idea of working with commercial partners, for instance through an accreditation system for dental hygiene products which would not endorse a specific product but rather a method for using the product. In this way commercial and health objectives could be aligned. She was reluctant to support more public health campaigns as they are comparatively expensive and the evidence on whether they work or not is difficult to get. She felt that what was needed was to focus directly on the elderly in their homes or in nursing homes and stressed that in the UK, nursing home standards include a requirement on oral health which is enforced through inspections. Similar governance frameworks are bound to exist in other Member States and they should be used to promote oral health messages.

CED Working Group Oral Health member **Dr Juan Carlos Llodra Calvo** noted that in Spain dentists used to be educated as medical doctors and then followed studies of 3 years in stomatology. In spite of this, the relationship between dentists and medical doctors today is not very good; the solution to improving cooperation is therefore not only in the education of health professionals but rather in changing the health systems.

CED Director **Dr Nikolai Sharkov** stressed that recent research showed that European citizens in 16 EU Member States spend €54 billion a year on oral health. He estimated that through prevention at least 20% of this amount could be saved, which should encourage MEPs to start focusing on oral health prevention. He recalled the 2007 WHO resolution on global policy for improvement of oral health which was catalyzed by the then President of the World Dental Federation Michèle Aerden, also present today, which clearly stressed prevention. In addition, the political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted in New York on 19 September 2011, confirmed that oral diseases are a heavy burden for many member countries of the UN. He encouraged the European Parliament to explore how to improve public-private partnerships to improve oral health in the EU and to create an EU vision for long term success and sustainability of oral health prevention. Rather than a campaign with a defined start and finish, such an initiative should be a permanent movement, to be implemented first at national level.

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Dr Nikolai Sharkov

Dr Paula Vassallo supported the notion that a greater proportion of national health budgets should be spent on oral health prevention rather than, as now, on treatment. She called for a major reorientation to prevention and for working together in finding more financial resources for prevention which will in the long term save money. She encouraged all professions to deliver the same message to the patients, which is currently not always the case.

Chief Executive Officer of the Irish Dental Association **Fintan Hourihan** underlined the important role that health economists can play in promoting prevention, by helping persuade the politicians that there is a cost-benefit analysis to prevention. The Irish Dental Association commissioned a study which showed that the society would pay €3 for each €1 saved when the government in Ireland threatened to abolish the social insurance scheme in dentistry. He stressed that hard economic evidence of the benefit vs. the cost of prevention can be decisive in putting the issue to the politicians and encouraged all dental associations and other health professions to commission empirical evidence to support the clinical arguments about the need for prevention.

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Fintan Hourihan



Left to right: **F. Hourihan**, Irish Dental Association, **Dr R. Barnasconi**, Dutch Dental Association

Dr Wolfgang Doneus shared his personal experience as a family dentist practising in Austria. He said that his older patients, many with extensive dental work and restorations, often disappear into nursing homes where they likely face the same conditions as the ones presented by the keynote speaker. He warned that it made no sense that after life-long dental care and treatment, sometimes costing many thousands of euros, a much smaller amount could not be spent on further care to maintain the elderly person's oral health and quality of life. He encouraged a greater role of nurses in oral care of the elderly and supported initiatives aimed at ensuring that the dentist keeps in contact with the patient even after they move to a nursing home. He felt that the European Parliament should provide a political framework for continuity of care for the elderly.

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Dr Wolfgang Doneus

Paul De Raeve reminded the participants that a political framework for continuity of care already exists in the Directive on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU) and that we have the initiative on integrated care within the European Innovation Partnership. He hoped that the European Parliament would become more active in this debate. He also supported systematic collection of economic data related to health to contribute to shaping health systems for the future and pointed to eHealth solutions as a useful tool in raising awareness and changing behaviour of health professionals.

Secretary General of CPME **Birgit Beger** encouraged integrating oral health into ongoing initiatives on prevention, such as the work package on health literacy which CPME is leading in the model on frailty within

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Birgit Beger

the Innovation Partnership on Active and Healthy Ageing. In political terms, CPME has lobbied for the inclusion of health literacy in the 2014-2020 Health for Growth Programme; she believed that oral health awareness should as well be made part of health literacy. Policy makers should be constantly reminded that oral health is an integral part of general health and oral health should be mainstreamed into policy.

President of the European Regional Organisation (ERO) of the World Dental Federation **Dr Gerhard Seeberger** questioned whether prevention was really linked to large amounts of money, recalling his experiences in India where even very poor people were able to maintain good oral health with just basic oral hygiene. After decades of fragmentation in health he supported initiatives for better undergraduate education of health professionals and for improving health literacy among the patients. He called on all health professionals to talk with one voice to the patients and to their administrations.

Dr Katrín Fjeldsted highlighted the importance of health literacy which she related to patient empowerment. She recalled evidence showing the high cost of untreated dental disease and reiterated the willingness of doctors and other health professions to cooperate on health prevention and health literacy issues.

In response to a question about a possible gold standard for staffing a nursing home, potentially to include access to a dentist or a geriatric dental practitioner, **Professor Frauke Müller** explained that prevalence of a dentist in geriatric care is very rare. She described herself as very exotic in being employed by both the geriatric hospital and the dental school, which automatically allowed her good contacts and good integration into the medical team. She stressed that having enthusiastic individuals is not enough but that structures, including university structures, are needed. Her university chair is the only one linking dentistry and geriatric care in Europe, apart from a chair in Copenhagen which will retire when Professor Poul Holm-Pedersen retires. She pleaded for university structures and care structures to formalize links in these institutions and stressed that this needs to be a political rather than an individual change.

We need university structures; we need care structures to formalize links in these institutions. It needs to be a political change, it cannot be individuals who go in with their enthusiasm to try to change things.

Professor Frauke Müller

Mervi Jokinen stressed the importance of timing when trying to effect political change. She said that the health professions have the responsibility to help themselves first and produce the tool that the politicians could use at that particular moment. For instance, national midwifery associations could work on national recommendations regarding the time of the visit of a pregnant woman to a dentist and the content of the dentist's feedback to the woman's midwife. Health professions could come together to produce joint statements and information leaflets on issues which affect them all to ensure that the information that the patients receive from different professions will be the same; she expressed willingness to encourage national midwifery associations to talk to the dental associations in their countries.

Dr Paula Vassallo welcomed this initiative; she felt that dialogue between national associations of dentists, midwives, doctors, nurses and pharmacists would bring about a great improvement and be a stepping stone for developments in the right direction. She concluded the discussion by stressing that it showed the importance of having an integrated health system with health professions working together, delivering the same message to the patients and working directly with the patients at a level where the patient is equal to the health professional. Furthermore, health professions and patients need to work with the policy makers to

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Dr Paula Vassallo

promote both oral and general health. By doing so, we can make a difference to millions of Europeans, particularly the elderly, who are suffering from poor oral health and poor general health. She thanked the panel and the audience for their contributions and for an interesting discussion.

// CONCLUSIONS

MEP Cristian Silviu Buşoi expressed his pleasure at being able to host and contribute to a lively and interesting debate and particularly his appreciation for the very comprehensive keynote presentation. He encouraged further input from specialists and stakeholders. He stressed that oral health should be integrated in general prevention and health promotion campaigns at EU but mostly at national level. This should be made clear to all national governments and the message from the European Parliament to them will be that they should progressively integrate oral health in their health strategies and campaigns. Ageing population will result in specific demands on our health systems, including in oral healthcare. It is clear that these have to be tackled through integrated prevention and promotion campaigns, which will have to be developed with input from patients and healthcare professions and for which sufficient funding should be made available. Interdisciplinary and integrative approaches to healthcare, with enhanced education, cooperation and exchange of information between different healthcare professions and patients should be encouraged. He encouraged participants to stay in contact and to jointly identify the next practical steps.

Dr Wolfgang Doneus again thanked MEP Buşoi for hosting the event and stressed the invaluable role of MEPs in effecting change. He thanked the keynote speaker, Professor Frauke Müller for her fascinating presentation and the panellists for sharing their perspectives. He also expressed his gratitude to the members of the CED Working Group Oral Health, particularly its chair Dr Paula Vassallo for preparing the event. He was convinced that the Working Group will be able to take the many points made during the event and carry on the work needed to continue to improve oral health of the European population. He concluded by saying that he had missed the participation of more MEPs at whom the message about the need for oral health to be recognised as an integral part of general health was directed. He expressed certainty that MEP Buşoi will convey the message to his colleagues. Finally, he thanked the staff of the CED Brussels Office for the organisation of the event.

The Council of European Dentists is a European not-for-profit association which represents over 340,000 practising dentists through 32 national dental associations and chambers from 30 European countries. Its key objectives are to promote high standards of oral healthcare and effective patient-safety centred professional practice across Europe, including through regular contacts with other European organisations and EU institutions.

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