

Prevention and Personal Responsibility

Dear Readers,

Disease prevention and management play the key roles in establishing and maintaining life-long health in every field of medicine and dentistry. There is strong evidence indicating that many chronic diseases can be either avoided, or at least their prevalence can be significantly reduced, if adequate preventive measures are introduced in time and maintained. Over the last decades, tremendous efforts have been made worldwide to decrease various chronic conditions such as cancer, cardiovascular diseases, type II diabetes, or even anxiety and depression, which present enormous challenges to the population and thus also to the healthcare system.^{5,6,9,10}

Caries and periodontitis, the two major diseases responsible for tooth loss, have a substantial impact on oral health and affect the quality of life through pain and discomfort, reduced chewing function, and impaired aesthetics, while substantial evidence has shown a strong association between periodontitis and systemic diseases.^{5-7,9,10} On the other hand, substantial evidence indicates that periodontitis can be efficiently arrested and the results maintained by simple means such as mechanical debridement and thorough plaque control.¹

Interestingly, a recent systematic review has assessed the efficacy of oral-health behaviour-change counselling and the promotion of healthy lifestyles.⁸

The results have indicated that brief interventions for tobacco-use cessation were effective when performed in the dental practice setting, while evidence for dietary counselling and the promotion of other healthy lifestyles was limited or nonexistent. Similarly, there are also knowledge gaps in many domains of cariology and preventive dentistry that must be addressed through high-quality clinical research.⁴ As caries especially is a lifestyle-related, behavioural condition, it is imperative that patients understand and appreciate their own personal roles in being responsible for managing such conditions.

Minimum intervention / minimally invasive (MI) dentistry, provided by the whole oral healthcare team, is now impelling an ethical paradigm shift away from the traditional approaches to managing caries and other oral conditions which operatively over-treat symptoms, to a more preventive, nonoperative approach which engages the patient with appropriate communication and behavioural change programmes.^{2,3} Clinical and scientific studies are required to provide the continual evidence base for the changing trends in the oral healthcare profession.

It is therefore the goal of the editors of OHPD to publish high-quality articles in all fields of dentistry related to oral health and prevention, thus maintaining and increasing the good scientific reputation of the Journal.

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