



Considerations on Oral Health–Related Quality of Life



In the early nineties, the World Health Organization (WHO), located in the city I live in—Geneva, Switzerland—initiated a new international quality of life (QoL) assessment: the WHOQOL, which aimed to evaluate patient QoL in order to include this parameter in treatment decisions and/or in the approval of new medical developments, such as drugs and medical devices.¹

QoL was defined as the individuals' "perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."¹ The new assessment tool arose from one of the key missions of the WHO: the promotion of a holistic approach to health and health care, with the primary aim of patients' well-being.

The standardized questionnaires developed by the WHOQOL working group were translated into numerous languages, and WHOQOL was allowed to epidemiologically study the influence of individual, social, and cultural aspects on QoL in large multicentric investigations.¹ This initiative was one of many that the WHO had started with the goal "health for all."¹

The oral health–related quality of life (OHRQoL) assessment is part of the Global Oral Health Program established by the WHO in 2003.^{2,3} Today, it allows us to evaluate how oral health affects the social lives of patients, their self-esteem, and their performances in daily life, including school and profession. These self-reported patient-centered parameters have become very important in clinical studies and add to the conventional clinical parameters that are assessed routinely. The assessment of OHRQoL has shifted the focus significantly toward patients' social and emotional experiences, as well as physical functioning after treatment in dentistry and in dental research.³ This tool may also help raise the conscience for the socioeconomic and racial/ethnic oral health disparities caused by limited access to care and/or high costs.³ But how can the findings be used to improve prosthodontic health care?

While preparing this IJP issue, it became evident that today the OHRQoL assessment is predominantly applied in removable prosthodontics and in research on temporomandibular disorders. The last International Dental Show (IDS) in Cologne, however, demonstrated that the main focus in our domain is the development of advanced digital technology for communication and for treatment planning/execution. This technologic evolution is accompanied by the introduction of new restorative materials. Thinking of the main goal of the WHO—"health for all"—this raises the questions of how these new developments can help dental care reach all regions of the world and whether they are appreciated by our patients. Finally, whether these novelties can help reduce the costs associated with treatment while increasing accessibility for all should also be assessed.

Hence, in the future, OHRQoL parameters should be included more frequently in research on digital technology and the associated workflows, as well as in fixed prosthodontics, to allow for a true patient-centered evaluation of the technology and options that we have available today to perform prosthodontics.

Best regards on behalf of the entire editorial board team,

Irena Sailer, Editor in Chief

REFERENCES

1. The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. *Soc Sci Med* 1995;41:1403–1409.
2. Sischo L, Broder HL. Oral health-related quality of life: What, why, how, and future implications. *J Dent Res* 2011;90:1264–1270.
3. Petersen PE. The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century—The approach of the WHO Global Oral Health Programme. *Community Dent Oral Epidemiol* 2003;31(suppl 1):s3–s23.

doi: 10.11607/ijp.2019.3.e