Oral Health and Oral-Health-Related Quality of Life

W. Murray THOMSON

Abstract: In recent years, much attention has been focused on the effects of poor oral health, not only on general health, but also on people’s day-to-day functioning, well-being and ability to carry out activities of daily living. The development, testing and validation of appropriate measures has meant there is now quite a range of instruments available for investigating these phenomena, and their use has meant that we can now more accurately (1) identify conditions with the greatest impact on people, and (2) quantify the impact of clinical and other interventions aimed at improving people’s oral health. This paper gives an overview of those measures and summarises what is currently known about the impact of oral health on oral-health-related quality of life (OHRQoL). Some recent New Zealand data are used to illustrate the concepts.

Key words: OHRQoL, Quality of life, Oral health

Introduction

Traditional dental indices (such as DMFT, CPITN, etc) are actually disease measures, rather than measures of oral health per se. Awareness of the deficiencies of the traditional measures has been steadily increasing since the mid-1970s\(^1\), when Cohen and Jago drew attention to them and called for the development of what they termed “sociodental indicators”\(^2\). After all, differences in DMFT scores tend not to explain much of the variation observed in how people seek and use dental care, for example, or how they differ in the impact of their oral status on their day-to-day lives. As the late Professor David Locker frequently pointed out, health is a subjective state, and oral health is no exception. Locker defined oral health as “a standard of the oral tissues which contributes to overall physical, psychological and social well-being by enabling individuals to eat, communicate and socialise without discomfort, embarrassment or distress and which enables them to fully participate in their chosen social roles”\(^3\). He introduced the concept of oral-health-related quality of life (OHRQoL) and, in a seminal paper\(^4\), adapted the World Health Organization’s WHO model of the International Classification of Impairments, Disabilities and Handicaps to oral health (Fig. 1).

This model comprises the seven domains of functional limitation, physical pain, psychological discomfort, physical disability, psychological disability, social disability and handicap. Thus, disease can lead to impair-