

COMMONWEALTH OF AUSTRALIA

Copyright Regulations 1969

WARNING

This material has been provided to you pursuant to section 49 of the Copyright Act 1968 (the Act) for the purposes of research or study. The contents of the material may be subject to copyright protection under the Act.

Further dealings by you with this material may be a copyright infringement. To determine whether such a communication would be an infringement, it is necessary to have regard to the criteria set out in Part 3, Division 3 of the Act.

Date: Wed, 25 Oct 2006 09:21:35 +1000 (EST)
From: illadm@opac.library.usyd.edu.au
To: dentill@library.usyd.edu.au
Subject: Inter-Library Loan Request
Reply-To: dentill@library.usyd.edu.au
X-PerIMx-Spam: Gauge=IIIIII, Probability=7%, Report='NO_REAL_NAME 0,
__HAS_MSGID 0, __LINES_OF_YELLING 0, __MIME_TEXT_ONLY 0, __SANE_MSGID
0'

Millennium Interlibrary Loan Notification

Interlibrary loan/Photocopy Request Ref.No. 3739880@deill

Date: 25-10-06

TO : DENTISTRY LIBRARY C12 (intra)
INTER-LIBRARY LOANS
2 CHALMERS ST
SURRY HILLS NSW 2010

FROM : University of Sydney Library

DENTISTRY LIBRARY
25 OCT 2006

Type of request: JOURNAL Article

Patron information: Sbaraini,Alexandra

Article Author: Hollister MC, Weintraub JA.

Article Title: The association of oral status with systemic health,
quality of life, and economic productivity.

Appears in Journal: J of Dent Educ

Date published: 1993

Volume: 57

Issue: 12

Pages: 901-12.

Other information: 617.605 71

ISSN: ISSN

This request complies with Australia copyright law.

Send this item to:

Dentistry Library C12, Interlibrary Loans,
Faculty of Dentistry Building,
2 Chalmers St, Surry Hills, 2010
Fax +61 2 9212 5149 Phone +61 2 9351 8330 Ariel 129.78.106.29

***** REPLY SECTION *****

LENDING LIBRARY REPORT

Ref.No. 3739880@deill

TO : University of Sydney Library
FROM : DENTISTRY LIBRARY C12 (intra)

The Association of Oral Status with Systemic Health, Quality of Life, and Economic Productivity

M. Catherine Hollister, R.D.H., M.S.P.H.; Jane A. Weintraub, D.D.S., M.P.H.

Abstract: It is well established that many systemic adverse health conditions have manifestations in the oral cavity. The purpose of this paper is to summarize the available scientific evidence that describes the opposite effect, how adverse oral health conditions affect three aspects of daily living: 1) systemic health, 2) quality of life, and 3) economic productivity. Examples of oral health affecting systemic health include rheumatic fever patients who develop infective endocarditis from oral bacteria and organ transplant patients who develop severe complications from oral infections. Both systemic health and quality of life are compromised when edentulousness, xerostomia, soft tissue lesions, or poorly fitting dentures affect eating and food choices. Conditions such as oral clefts, missing teeth, severe malocclusion, or severe caries are associated with feelings of embarrassment, withdrawal, and anxiety. Oral and facial pain from dentures, temporomandibular joint disorders, and oral infections affect social interaction and daily behaviors. The results of oral disorders can be felt not only physically and socially but also economically in our society. Dental disease accounts for many lost work and school days. Lower wage earners and minorities are disproportionately affected.

Although there are many studies that evaluate these relationships, most are case reports, cross-sectional studies, or studies restricted to small or unique population groups. Lack of standardized measurements make comparisons across studies difficult. More population-based and longitudinal studies are needed to better understand the nature of these relationships.

Key Words: oral health, health status, quality of life, work

Ms. Hollister was a graduate student in the Department of Health Policy and Administration, University of North Carolina School of Public Health and is now dental prevention coordinator, Indian Health Service, Gallup, NM and Dr. Weintraub is an associate professor in the Department of Dental Ecology, School of Dentistry, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7450. Send correspondence and reprint requests to Dr. Weintraub. Reprints will not be available. Support for this project was provided by the American Association of Dental Schools and the DHHS, USPHS, HRSA Bureau of Health Professions.

Concepts of health have broadened in recent years. The World Health Organization has defined health as "the state of physical, mental, and social well being and not merely the absence of disease or infirmity."¹ No longer is the absence of disease equated with a healthy state. Issues of comfort, quality of life, and the ability to be a productive member of society all contribute toward an understanding of this concept.

Just as the definition of health has broadened,

so has the definition of dental care. Infections or diseases of the oral cavity require as much attention as do conditions in other parts of the body traditionally treated by the medical community. The consideration of oral disorders has become an integral part of primary care as interdisciplinary teams including dental professionals provide treatment for patients with cancer, heart diseases, oral clefts, or patients requiring organ transplants. As demographic and disease patterns change in the U.S., there are more people living longer, and more

