Oral Health and Health in Women: A Two-Way Relationship

Oral Health Status

In recent years, health professionals have become increasingly aware that the soft and hard tissues of the mouth and their function contribute significantly to women's general health and quality of life.[1]

Women's oral health has improved during the last half century, yet oral diseases among women remain highly prevalent. Approximately 47 percent of the tooth surfaces of women ages 18 to 64 participating in the third National Health and Nutrition Examination Survey (NHANES III) showed signs of decay. About 67 percent of the women exhibited clinical signs of periodontal (gum) disease.[2]

A variety of demographic, general health, behavioral, economic, and social risk factors place some women at high risk for the development of oral diseases. Although oral problems are typically repetitive and cumulative across the lifespan, there are many opportunities throughout a woman's life to prevent oral problems or to reduce their impact on general health.[2]

Oral Health and General Health

The hormonal changes that occur during puberty and pregnancy are related to an increased incidence of gingivitis.[3] In addition, some chronic conditions may negatively affect a woman's oral health. For example, impaired salivary function is an early sign and symptom of Sjogren's syndrome (a chronic inflammatory disease occurring chiefly in women) that significantly impacts oral health.[4]

Behavioral risk factors such as tobacco use and poor dietary practices may also influence women's oral health.[2] Eating disorders such as anorexia nervosa and bulimia nervosa are serious concerns in terms of women's oral health and pose a clinical challenge to health professionals.[5] Oral manifestations of these eating disorders may affect the teeth, salivary glands, periodontum (gums), and oral mucosa.[6]

The impact of oral disease may extend beyond a woman's oral health to the health of her infant or child. For example, maternal periodontal disease and progression may contribute to an infant's risk for being born preterm (under 37 weeks gestation), with a low birthweight (less than 2,500 grams), or with a low weight for gestational age.[7,8]

Oral Health Care

About 70 percent of the women who participated in NHANES III reported having had a dental visit during the previous 12 months,[9] yet only 23 to 35 percent of women who participated in the Pregnancy Risk Assessment Monitoring System (PRAMS) survey reported having had a dental visit during their most recent pregnancy.[10] The PRAMS survey also found that, among women who perceived a need for oral health care during their pregnancy, those enrolled in Medicaid were 24 to 53 percent less likely to seek oral health care than those with private insurance.[10]

Social and economic influences may impact women's utilization of oral health services and, ultimately, their oral health status. Women who lack information about available resources, and who report being unable to obtain services owing to poverty or lack of insurance, may have difficulty accessing services and optimizing their oral health.[10,11]

Strategies for Improving Oral Health

Achieving optimal oral health and general health for women will require a coordinated effort on the parts of public and private agencies and individuals.[1]

Health professionals can play a role in improving and maintaining women's oral health status. Oral health risk assessment, education, prevention, intervention, and treatment can enhance women's health outcomes.

Women's perceptions of their oral health status vary and should be considered when designing oral health promotion activities.

As part of preconceptional planning and perinatal care, health care providers should address oral health. During the prenatal visit, health care providers should (1) assess the woman's oral health status, oral health practices, and access to a dental home; (2) discuss with the woman how oral health affects general health; (3) offer referrals to oral health professionals for treatment; (4) educate the woman about oral health during pregnancy, including expected physiological changes in the mouth and interventions to prevent and relieve discomfort;[12] and (5) educate the woman about diet and oral hygiene for infants and children.[13]

Resources such as dental, dental hygiene, and community-based oral health programs and clinics may be available for women who lack dental insurance and/or the means to pay for oral health care.[13] Increasing oral health education and training opportunities for health professionals who care for women and increasing the number of oral health professionals who provide care to pregnant women enrolled in Medicaid are important strategies for making oral health services more accessible to women and improving women's oral health.

Health professionals can advocate in the public policy arena for an integrated, multidisciplinary approach to fully capitalize on new scientific opportunities. Research on interventions and treatments for diseases with differing prevalence in women, including diseases of the oral system, should be considered a priority in women's health research.[14]

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