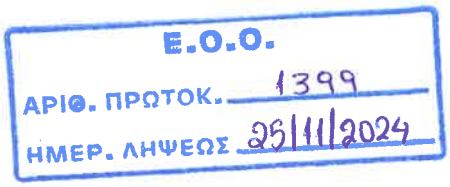
Hellenic Dental Association

Από: stathvas@otenet.gr
Αποστολή: Κυριακή, 24 Νοεμβρίου 2024 1:58 μμ
Προς: Βαλαβάνης Κων/νος (εκπρόσωπος Αθήνας); Βάρδας Εμμανουήλ; Δεβλιώτης Αθανάσιος; Δέδες Νίκος; Διακογεωργίου Νικόλαος; 'ΚΑΛΛΙΦΑΤΙΔΗΣ ΑΝΤΩΝΗΣ'; Κατσούλας Βασίλειος; Δημήτρης Κήττας / Γενικός Γραμματέας Ε.Ο.Ο.; Hellenic Dental Association; Μαρουφίδης Νικόλαος; Μενενάκου Μαρία; Μωραϊτης Πάνος; Γραμματεία Δ.Σ. της Ε.Ο.Ο.; Πάλλης Δημήτρης; Τράπαλης Ιωάννης; Τσανίδης Βασίλειος; Υφαντής Αθανάσιος
Θέμα: Εισήγηση Β. Σταθόπουλου στη ΓΣ του CED σχετικά με την πορεία εργασιών της Ομ. Εργασίας "Oral Health"
Συνημμένα: GM Speaking Notes WG OH_VASILEIOS.docx; GM Speaking Notes WG OH_VASILEIOS.pptx

Στο πλαίσιο κάθε ΓΣ του CED (δις ετησίως), το τελευταίο τμήμα της ΓΣ αφορά την ενημέρωση της προόδου των εργασιών κάθε Ομάδας Εργασίας από τους συντονιστές των στην Ολομέλεια της ΓΣ. Το επισυναπτόμενο κείμενο & η παρουσίαση διαφανειών αφορά την δική μου παρουσίαση στη ΓΣ CED της 22.11.2024 σχετικά με τα έξι (6) ψηφίσματα που ταυτόχρονα προετοιμάζουμε ή εκκινούν άμεσα ως Ο.Ε. «ORAL HEALTH».

Με εκτίμηση,

Βασίλειος Σταθόπουλος
Ορθοδοντικός
Κυβέλης 1 - Αθήνα 10682
Τηλ: 210- 8253176
Κιν.: 6972 282237



GM Speaking notes of ppt -Vasileios Stathopoulos

Slide 1:

Thank you, Mr President. It is very nice to see you all. As Chair of the Working Group Oral Health, I will go over the activities of the WG and the CED in relation to the topic of oral health since we last met in Athens in May 2024.

- The Working Group held two online meetings since the last GM: on 24 June and its last formal meeting on the 2 of October 2024.

Slide 2:

First of all, I would like to briefly update you on discussions and work that has been started in several of the group's workstreams (which are, as I remind you, sub-groups of WG OH dedicated to the drafting of documents on a specific topic, identified by the WG).

After two WG meetings in June and October, we have agreed to begin the drafting process of updating several past CED documents. One member of each workstream is responsible for coordinating this initial drafting work. The topics that have been launched are:

- Ageing & oral health:

The brainstorming work and reflexion process has started in the workstream dedicated to the drafting of a new paper on ageing and oral health. This topic was identified as an extremely important and growing issue, that recently has get attention at the European level.

Furthermore, the CED has not yet taken a position on the specific oral and dental problems, needs and treatments of our older generation. However, this specific topic is getting growing attention on an international and European level. The WG therefore feels it crucial to touch on such a topic and provide recommendations for any future policies or initiatives on older health.

In order to correctly target and identify the essential aspects to put forward in this paper, the WG has agreed to reach out to an expert in the field of gerodontology.

I will come back briefly on the topic of gerodontology in the following slides.

- Integration of oral and general health for better health outcomes:

The WG also started brainstorming in an outdated CED Resolution For Better Oral Health of all Citizens: Mutual Integration Oral and General Health leading to a paper addressing all the confounding parameters of Prevention policy in Oral health and written in a different style. The chair will update the Board when a pathway for work is deceded.

- Resolution on Tobacco and alternative tobacco products:

Amendments on the initial draft are underway.

This file is of particular importance, in relation to the current development on smoke and aerosol policies at the EU.

- Resolution on Sugar (update from 2016 Resolution)
- Resolution on AMR (update from 2014 Resolution)

The WG is also considering updating the 2014 CED Position on AMR. Work on the draft has not yet been started. Work around the initial draft is coordinated by the WG member Harry-Sam Selikowitz.

Slide 3:

Why is a new CED position on healthy ageing important?

The WG agreed to firstly reach out to Professor Gerry McKenna, who kindly accepted to join the WG as guest participant for a temporary period. He is working at Queen's University Belfast in Ireland, and currently President of the British Dental Association in Northern Ireland.

Gerry McKenna was chosen by WG members because of his current expertise in the field of improving dental and oral health in older and elderly patients, his title of Specialist in Restorative Dentistry and Prosthodontics, and his past position as the President of the European College of Gerodontology.

We may also consider a second expert, if needed. An expert in the field and main author of the "Undergraduate curriculum Guidelines in gerodontology", the "European Policy Recommendations on Oral Health in Older Adults" & of the "Higher education in Gerodontology in European Universities". She is Professor Anastasia Kossioni, in the Dental School, National & Kapodistrian University of Athens and serves currently as Secretary General in the European College of Gerodontology for her second 3y term .

As previously explained, the topic of healthy ageing and specific health and oral health issues is a topic of growing importance of international and European concern. We can also link this rising priority to the importance given to continuing fighting antimicrobial resistance (AMR) by the European Union.

Slide 4

I can here highlight the newly published "Health at a Glance report" by the European Commission on 18th of November. This year's edition is dedicated to Promoting Healthy ageing and longevity whilst tackling health workforce challenges. Several members of the Working Group followed the online event for the launch of the report on 18/11.

The report mentions data relating to the numbers and availability of dentists in Europe, but also dental care unmet needs, coverage of dental care services, out-of-pocket spending for dental care etc.

The report & an executive sort report can be found on the Health at a Glance page of the EC.

Several other topics have also been launched in relation to healthy ageing by the European Parliament Committee on Health, for example, policy processes on hearing and health for older people.

I can lastly mention the key WHO Strategy and Action Plan on Oral Health, launched by the World Health Assembly in May 2022, and the Decade on Health Ageing 2021-2030, important initiatives that should pave the way to hopefully other policies at EU level.

Slide 5:

The WG is also considering to start updating the past CED position on AMR (dated from 2014) Work on the draft has not yet been started. Elaborate statistics showing the consumption of antibacterials drug for systemic use by EU/EAA country. But the most warring note is this culture. 35.000 per year in Europe, 10% of the antibiotics are prescribed by dentist.

Slide 6:

In parallel, The CED has resumed its participation in meetings of the AMR Stakeholder Network Group by the European Public Health Alliance (EPHA), after an interruption of meetings due to internal difficulties on the hosting organization's side.

The WG was invited to provide its opinion and ideas for the starting again of the Group's work, which was submitted in October through an online survey.

Furthermore, the second edition of European Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections was launched beginning of this year. We have re-applied to be stakeholders of JAMRAI 2 and will follow closely the proceedings of the initiative. As a reminder, the initiative supports 30 European countries in implementing more efficient One Health policies and solutions to limit the spread of AMR. Dr Alessandra Rossi will join on behalf of CED/WG OH.

Regarding this, me and several other WG members will follow the first online webinar on the 6 December, which should clarify what our role and expected contributions would be for these next steps.

We will of course keep you inform of any key advancements or possibilities for CED's involvement. The Board has approved to sign a memorandum as a stakeholder with JAMRAI-2.

Slide 7:

- The file of sugar is at the forefront of the WG's priorities, with current discussions gravitating around the best way to push forward this issue at the level of the European Union.
- The WG discussed the best way to advance on the topic of sugar and agreed to initiate the work on drafting a CED Position on Sugar, updating the previous 2016 Resolution.

In regard to this, the WG agreed on a two-step process:

- Update the existing CED Resolution on Sugar
- Endorse the FDI Statement on Sugar Consumption, adopted by the FDI General Assembly in September 2024.

The objective of the endorsement of the FDI Paper is for the CED to recognize the important document produced and adopted at the FDI General Assembly in September 2024, following

WHO guidelines on the subject, recognize and endorse positions of the document for the development of the CED own Resolution on sugar.

Our own Resolution would therefore be ensured to not duplicate or overlap pre-existing positions or work with FDI's own work but would on the other hand develop and EU context-specific information and statements, as well as EU-specific recommendations for the European Commission.

The endorsement of this document is therefore a document supporting the development of a CED position on the topic.

Slide 8:

We will now proceed to voting on the FDI document:

Does the General Meeting approve the endorsement of the FDI Statement?

Slide 7 : Thank you all for your attention and please let us know if you have any questions or comments.

WG Oral Health

Vasileios Stathopoulos, WG Chair
CED General Meeting

November 2024 GM

Transparency register: 4885579968-84

CED
COUNCIL
OF EUROPEAN
DENTISTS

WG OH workstreams and drafting work

Launch of discussions and drafting work on:

- Ageing and Oral Health (New paper)
- Integration of oral & general health (update from the 2011 Resolution)
- Resolution on Tobacco and Alternative Tobacco Products (update from the 2013 Resolution)
- Resolution on Sugar (update from the 2016 Resolution)
- Resolution on AMR (update from 2014 Resolution)

CED COUNCIL OF EUROPEAN DENTISTS

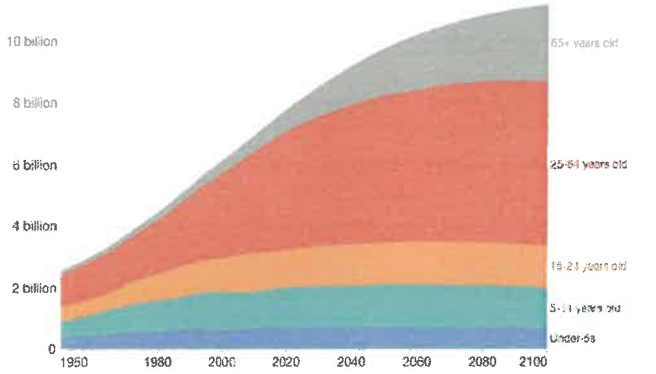
Transparency register: 4885579968-84

Oral Heath and Ageing

Πληθυσμός

Population by broad age group projected to 2100, World, 1950 to 2100

Total population by broad age group, with historical estimates from 1950 to 2015 and projections to 2100 based on the UN's medium population scenario.



Source: UN World Population Prospects (2017) — OurWorldInData.org/world-population-growth • CC BY

2045	
65+ years old	1.44 billion
25-64 years old	4.77 billion
15-24 years old	3.25 billion
5-14 years old	1.97 billion
0-4 years old	663.2 million
Total	**9.44 billion**

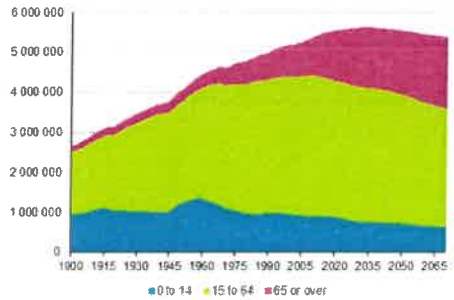
29.7%

2023	
65+ years old	807.79 million
25-64 years old	3.98 billion
15-24 years old	1.24 billion
5-14 years old	1.35 billion
0-4 years old	656.64 million
Total	**8.05 billion**

Number of young people in danger of diminishing considerably due to the decrease in birth rate

According to Statistics Finland's latest population projection, there would be 760,000 persons aged under 15 in Finland in 2030, if the birth rate remains at the current level. In the 2050s the number would already drop under 700,000 young people. In Finland the number of persons aged under 15 has last been this low at the end of the 1870s, when Finland's population was less than two million. In the 1970s there were still one million persons aged under 15 in Finland.

Population by age 1900–2017 and projection 2018–2070



CED COUNCIL OF EUROPEAN DENTISTS

Transparency register: 4885579968-84

Oral Heath and Ageing

Health at a Glance: Europe 2024
STATE OF HEALTH IN THE EU CYCLE

Published on 18 November

192 |

Availability of dentists and consultations with dentists

Dental health is an integral part of general health and quality of life. Access to dental care is often more limited for certain parts of the population, either because dental care is less covered under public health insurance system and therefore less affordable for people with lower income or because of a short supply of dentists in certain areas. In 2023, 6% of people who needed dental care reported some unmet needs because of affordability or accessibility issues according to the EU-SILC survey, but this proportion reached over 12% among people at risk of poverty (see indicator "Unmet healthcare needs").

Dentists play a key role in both preventing and treating oral health problems. In 2022, there were between 0.5 and 1.3 dentists per 1 000 population across EU countries (Figure 7.13). Greece, Cyprus, Portugal, Bulgaria and Romania had the highest numbers of dentists per capita, although the numbers in Greece and Portugal are over-estimated as they include all dentists licensed to practice. In all these countries except Greece, the number of dentists per capita increased greatly between 2010 and 2022. On average across EU countries, the number of dentists per 1 000 population increased from 0.7 in 2010 to 0.8 in 2022. Denmark is the only EU country where the number of dentists per population fell during that period.

While there is no general consensus about how often people should visit a dentist, the recommendation in several countries is that children should have a visit at least once a year to prevent and treat any problem quickly, while adults without problems may wait as long as two years. On average across EU countries, a person had 1.2 consultations with a dentist in 2022, ranging from 0.3 in Romania to 3.3 consultations in the Netherlands. In most EU countries, people had one or two consultations per year (Figure 7.14).

The markedly low number of consultations in Romania, despite having one of the highest numbers of dentists in the EU, is linked to the high out-out-pocket cost of dental care due to low public coverage. More than 90% of dentists work in private practices where the majority of the population cannot afford dental care. These practices have increasingly leveraged cross-border dental tourism to sustain their activities. On the other hand, some dentists are emigrating to other EU countries due to insufficient activity (European Observatory on Health Systems and Policies, 2022[1]).

By contrast, the high number of consultations in the Netherlands can be explained at least partly by the high awareness of people arising from well-established programmes to promote prevention of oral health issues at a young age. The National Dutch programme "Keep your Mouth Healthy" provides oral health education to children and is considered one of the best practices in Europe. Several other European countries also have similar programmes of oral health promotion targeting children. For example, in Croatia, a programme targeting kindergarten and elementary school children promotes effective oral hygiene habits, guiding children to integrate toothbrushing into their daily routines under teacher supervision.

The extent of public coverage for dental care costs varies widely across countries and can partly explain some of the cross-country variations in the use of dental care services (see indicator "Extent of healthcare coverage"). In Romania for example, only 7% of dental care spending is publicly funded. By contrast, in France and Germany, more than 65% of dental spending is publicly covered. In the Netherlands, while dental care is not comprehensively covered in the benefit package for adults, voluntary health insurance plays an important role in covering dental care costs.

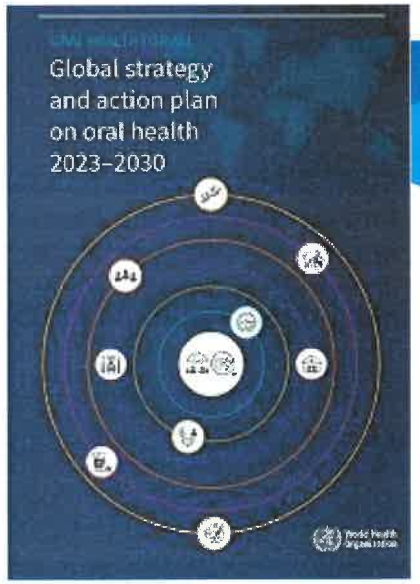
Definition and comparability

Data include both salaried and self-employed dentists. In most countries, the data only include dentists providing services to patients, but this is not the case in Greece, Montenegro and Portugal where the data refer to all dentists licensed to practice, resulting in an over-estimation.

Dentist consultations include visits at the dentist's office as well as in outpatient departments in hospitals, although the coverage of these settings differ across countries. The data come mainly from administrative sources, although in some countries (Ireland, the Netherlands, Spain and Switzerland) the data come from health interview surveys. Data from administrative sources tend to be higher than those from surveys because of recall problems and non-response rates and also because some surveys only cover adults, resulting in an under-estimation if the number of visits among children is greater. Austria, Hungary, Serbia and the United Kingdom do not cover consultations privately financed or provided in the private sector, resulting in an under-estimation. In Germany, the data refer to the number of dental treatment cases only, resulting in an under-estimation. In Sweden, the data refer only to people aged 24 and over.

OECD

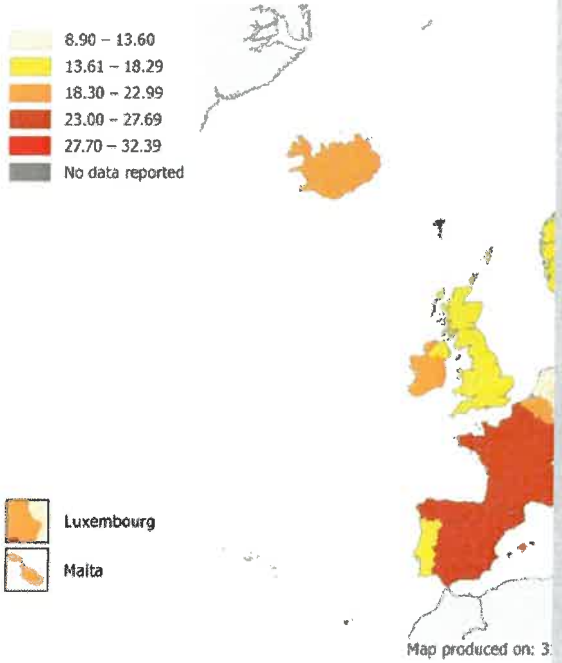
CED COUNCIL OF EUROPEAN DENTISTS

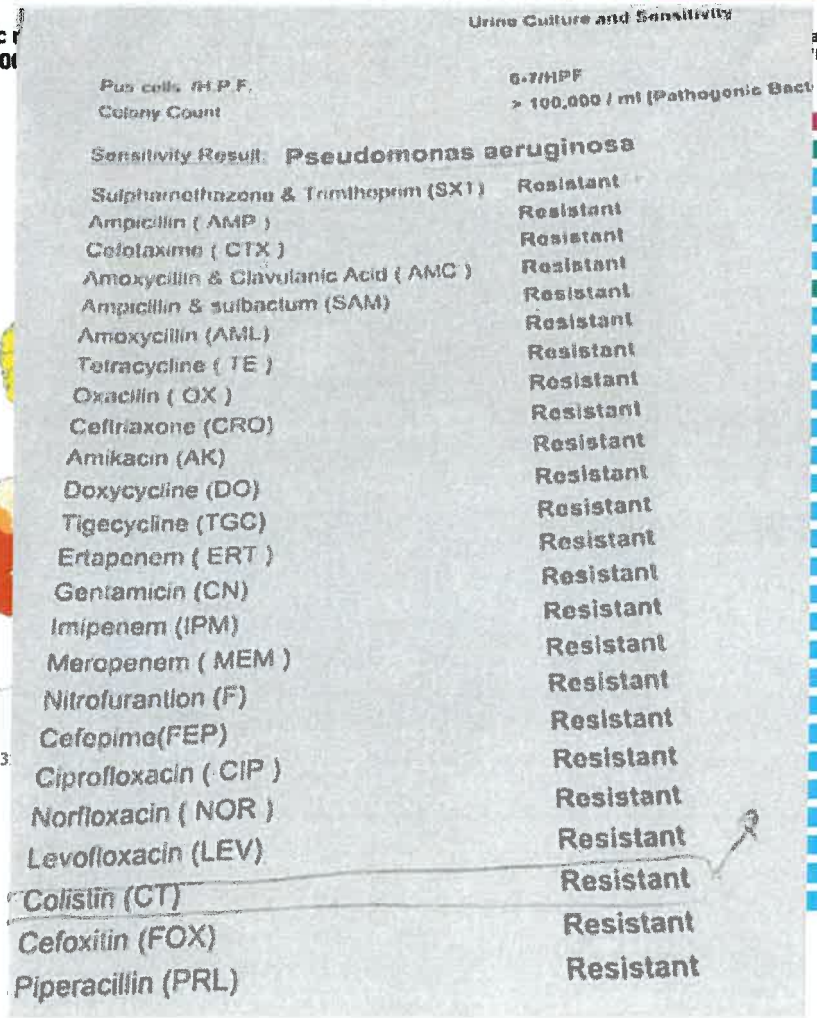


Transparency register: 4885579968-84

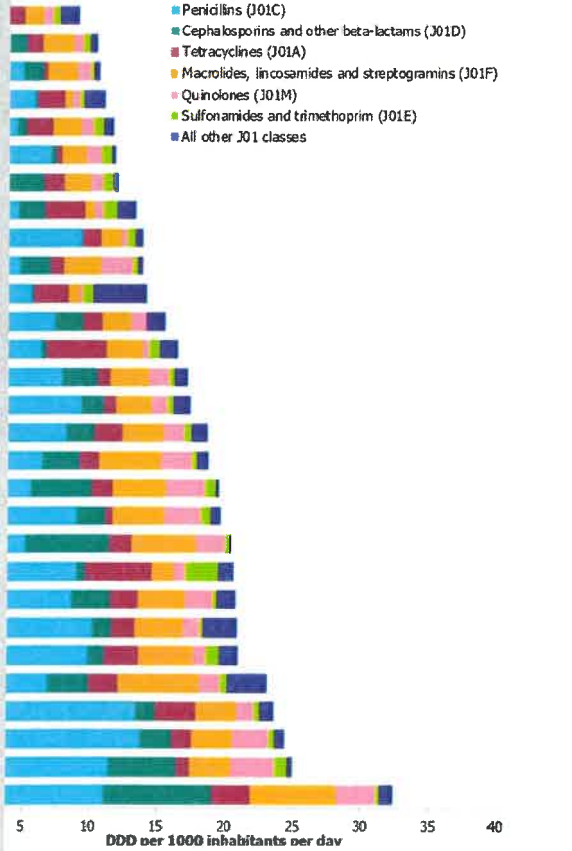
AMR

Figure 1. Consumption of antibacterials for systemic u
EU/EEA countries in 2018 (expressed as DDD per 1 00





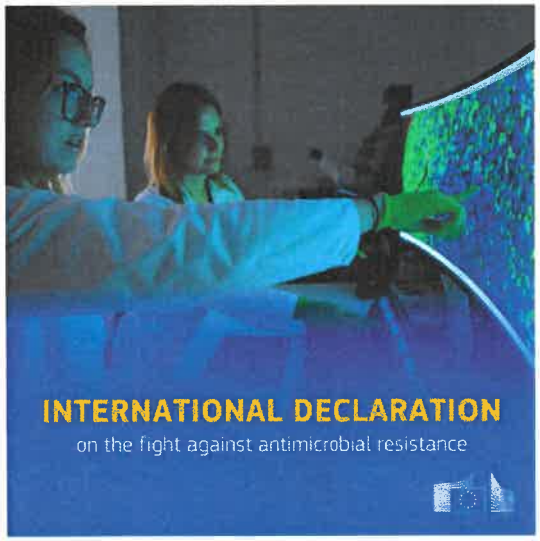
acterials for systemic use (ATC group J01) by country and ATC group
EEA countries in 2018 (expressed as DDD per 1 000 inhabitants per

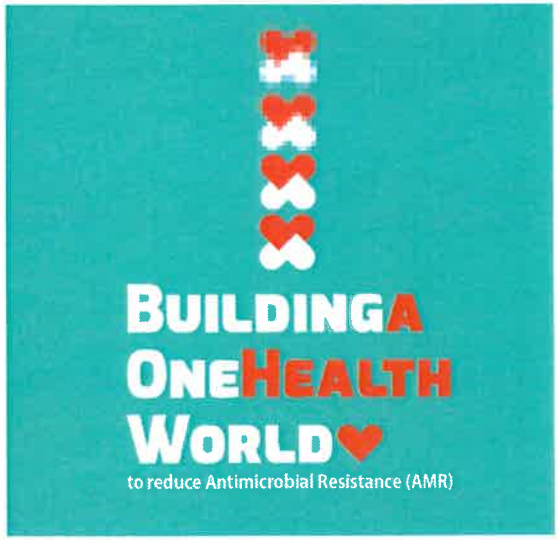


CED COUNCIL OF EUROPEAN DENTISTS

Transparency register: 4885579968-84

AMR and JAMRAI 2





AMR
STAKEHOLDER
NETWORK

Source: European Parliament

CED
COUNCIL
OF EUROPEAN
DENTISTS

EU-JAMRAI

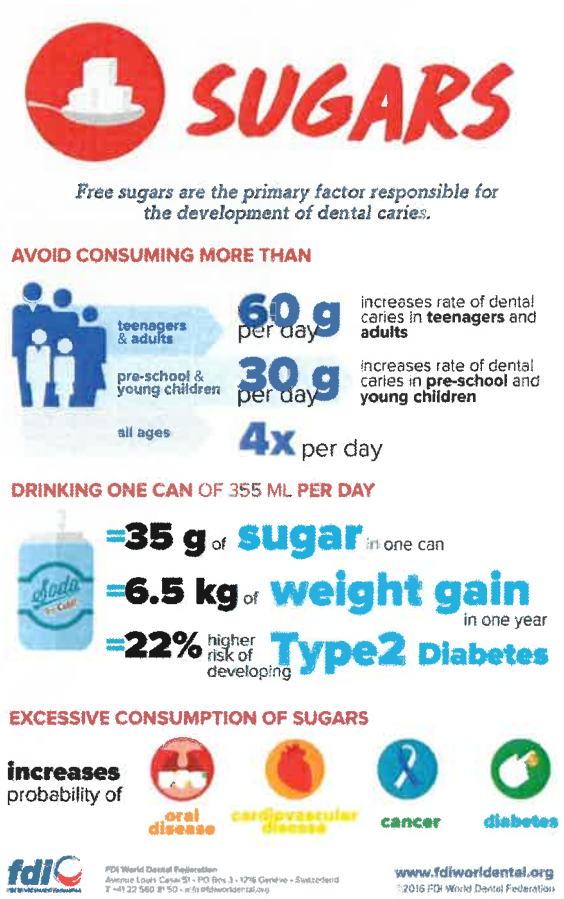
Joint Action
Antimicrobial Resistance and
Healthcare-Associated Infections

Transparency register: 4885579968-84

Sugar

Foreseen steps :

- Initiate update of the 2016 CED Resolution on Sugar
- Endorse the FDI Statement on Sugar Consumption: adopted in September 2024
- Develop a CED lobby-package on sugar
- Identify opportunities for CED advocacy



CED COUNCIL OF EUROPEAN DENTISTS

Transparency register: 4885579968-84

FDI Statement: Vote

Does the General Meeting approve the endorsement of the FDI Statement?

CED
COUNCIL
OF EUROPEAN
DENTISTS

fdi

FDI POLICY STATEMENT

Reduction of Sugar Consumption

To be adopted by the FDI General Assembly: September 2024, Istanbul, Türkiye

CONTEXT

General health and oral health are negatively impacted by excessive sugar consumption which is one of the risk factors causing worldwide increase in oral disease, insulin resistance and risk of periodontal diseases, gingival inflammation, cardiovascular diseases, cancer, obesity and diabetes[1,2]. Studies have generally focused on weight gain, oral diseases and dental caries, as well as insulin resistance[3]. The term "insulin resistance" has become commonly used among dietitians and nutritionists and linked to weight reduction protocols and advice for a healthy lifestyle[3]. As an indication of the growing recognition of the harmful effects of excessive sugar consumption, terms such as "white poison" and "the new tobacco" have been coined[4]. Moreover, campaigns in different parts of the world are calling for the reduction of sugar consumption similar to the anti-smoking campaigns. These campaigns might help to change the attitude toward daily sugar consumption among global communities. The World Health Organization (WHO) strongly recommends that the intake of free sugars should be reduced to less than 10% of total energy intake by individuals[5].

SCOPE

The scope of this policy statement relates to the reduction of sugar consumption globally, in accordance with existing WHO guidelines.

DEFINITIONS

Free sugars: The World Health Organization defines "free sugars" as monosaccharides (e.g. glucose, fructose) and disaccharides (e.g. sucrose) added to foods and drinks by the manufacturer, cook or consumer as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates[1]. It does not include naturally available sugars in fruits, vegetables and dairy products[1].

Daily intake of free sugars: The WHO guidelines recommend that the daily intake of free sugars be limited to less than 10% of total energy intake in adults and children.

CED
COUNCIL
OF EUROPEAN
DENTISTS

THANK YOU FOR YOUR ATTENTION

CED
COUNCIL
OF EUROPEAN
DENTISTS

Transparency register: 4885579968-84