

Obesity and Dentistry

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Possible factors relating Obesity and Dental Disease

- Intake of refined carbohydrates
- Television exposure including snack food advertisements
- Sedentary activities
- Inadequate family time including development of healthy lifestyles
- Inadequate control of food choices, lifestyle education and physical activity in school environments

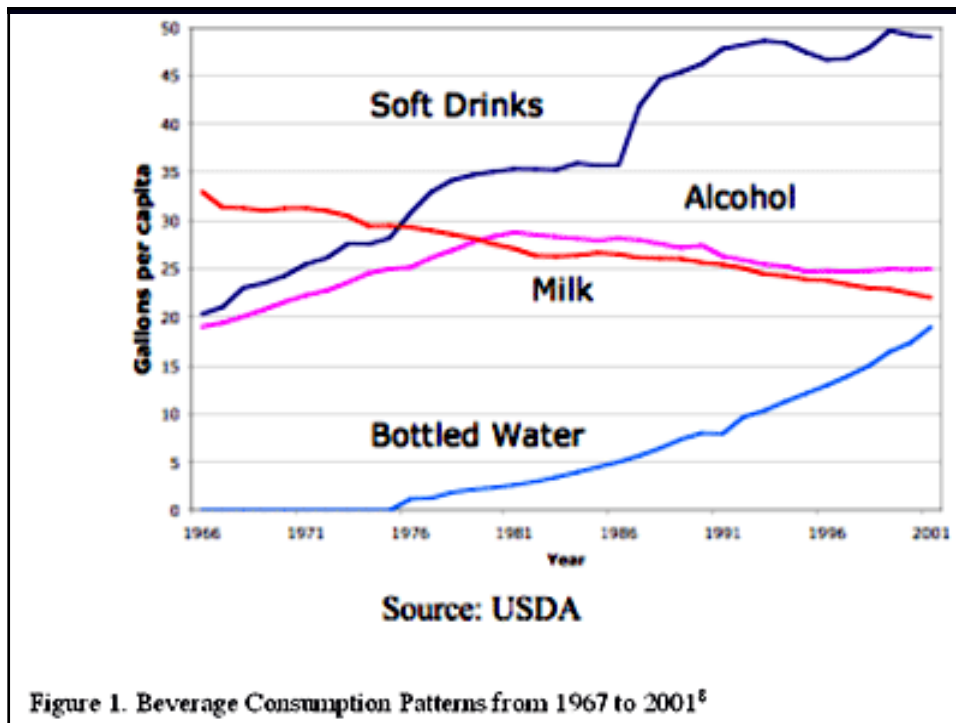


Figure 1. Beverage Consumption Patterns from 1967 to 2001⁶

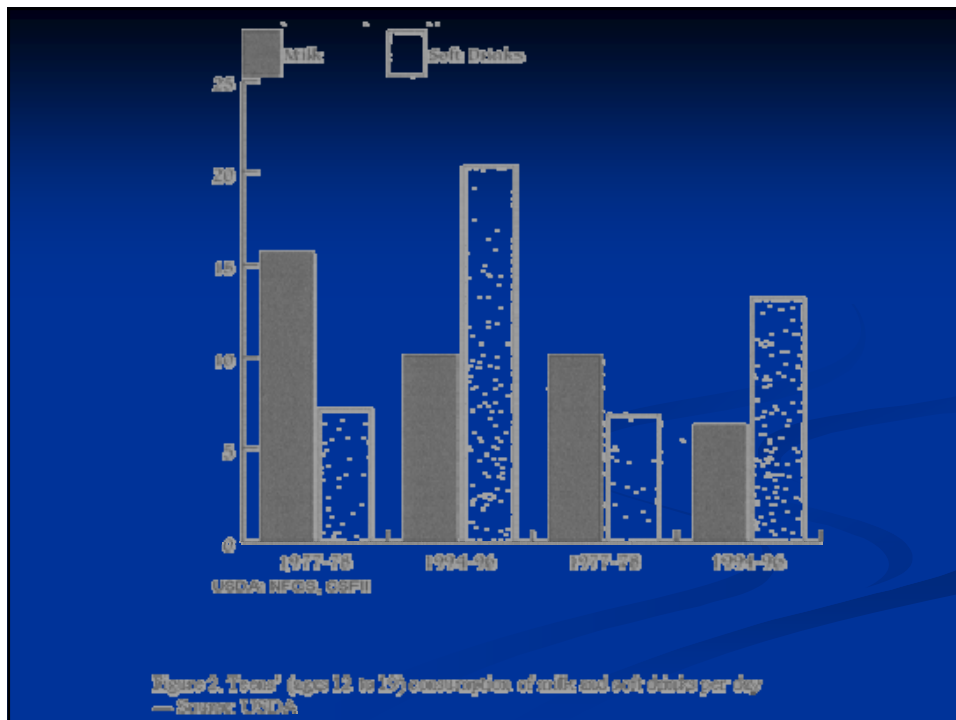


Figure 2. Teen⁷ (age 13 to 15) consumption of milk and soft drinks per day
— Source: USDA

Earlier Publications

- Larsson, B. et al. (1995) Community Dent Oral Epidemiol 23:205-210
- Willershausen, B. et al. (2004) Eur J Med Res 9:400-404
- Hilgers, K.K. (2006) Pediatr Dent 23:23-38
 - Positive correlation between caries experience in permanent dentition and overweight status

Recent Publications

- Dye, B.A. et al. (2004) J Am Dent Assoc 134:55-65
 - No relationship between weight status and caries experience in primary dentition of US children 2-5 years of age

Recent Publications

- Kopycka-Kedzierawski, D.T. et al. (2008)
Community Dent Oral Epidemiol 36:157-167
 - No difference in caries experience between normal, at risk for overweight and overweight US children 2-18 years of age

Diabetes and Periodontal Disease

- Loe H. (1993) Diabetes Care 16(1):329-34
 - Higher rate of inflammation and tooth loss among diabetics

Diabetes and Periodontal Disease

- Stewart JE, et al. (2001) J Clin Periodontol 28(4):306-10
- Westfelt E, et al. (1996) J Clin Periodontol 23(2):92-100
 - Periodontal therapy improves glycemic levels

Current Oral Health Guidelines and Obesity

- Balanced diets
- Oral hygiene
- Physical activity
- Monitoring by dental health professionals
- Education to promote oral health and prevent obesity in schools and public health programs