

Editorial

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MOVING BEYOND SIMPLY MEASURING CARIES AND PERIODONTAL DISEASES

The metrics conventionally used to measure oral disease may capture only half the story. Community dentistry has traditionally relied on clinical measures to quantify the prevalence and burden of oral diseases. Although these measures remain indispensable for surveillance and health planning, tallying disease is not the same as understanding health.

A more meaningful assessment needs to capture how oral conditions shape people's everyday lives. Oral health-related quality of life measures, such as the Oral Health Impact Profile and the Geriatric Oral Health Assessment Index, complement clinical assessments by capturing pain, functional difficulties, psychological well-being, and social impacts that may not be apparent from clinical examination alone.

Community-level assessment should therefore integrate three complementary dimensions: clinical status, patient experience, and social determinants. For example, clinical indicators of oral health can be considered alongside measures of oral health-related quality of life and social and socioeconomic factors, including education, financial circumstances, access to dental care, affordability, and place of residence. Considering these dimensions together can reveal not only the burden of oral disease, but also who is most affected and the social factors that may contribute to these inequalities.

The path forward for community dentistry is not to abandon traditional clinical indices, but to move beyond them. Pairing objective disease measures with patient-reported outcomes and social determinants gives a richer view of population oral health, one that can shape interventions addressing both the disease itself and the conditions that contribute to it.

The goal should no longer be simply to count diseased teeth, but to understand the people behind those numbers.

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