

Policy Statement 2.2.2 – Community Oral Health Promotion: Diet and Nutrition

Position Summary

Dietary sugars and acids cause damage to teeth. Oral health education should encourage individuals to consume less sugar, acidic foods and drinks, and replace them with calcium rich foods. The government should apply a tax on sugar.

1. Background

- 1.1. The role of dietary carbohydrates (especially monosaccharides and disaccharides) in the causation of dental caries is well established. The process of caries initiation consists of the metabolism of simple carbohydrates by bacteria in the dental plaque which produces acids. The production of these acids causes the pH of dental plaque to fall below the critical level leading to demineralisation of tooth structure and subsequently to dental caries in susceptible individuals. The form, frequency, timing and total amount of sugar intake are significant in the initiation of the caries process.
- 1.2. Causes of non-carious tooth structure loss include the exposure to acid from the consumption of soft drinks, sport and energy drinks, fruit and fruit juices, wine, vinegar and some chewable vitamin tablets.
- 1.3. Consumption of foods that combine sugar and food acid can be particularly destructive to teeth.
- 1.4. Sugar-free confectioneries without added acids, including chewing gums, are dentally safe alternatives to caries-producing confectionery containing sugar. However, the main objective of oral health education is to encourage individuals to consume a recommended limited amount of simple carbohydrate foodstuffs and thus reduce the need for sugar and sugar substitutes.

Definitions

- 1.5. DIET is defined as the types and amounts of food eaten by an individual.
- 1.6. NON-CARIOUS TOOTH STRUCTURE LOSS is the loss of hard tissues of the tooth by the direct action of acidic substances and wear.
- 1.7. NUTRITION is the intake and absorption by the body of nutrients.

2. Principles

- 2.1. Nutrition and health are linked.
- 2.2. Individuals' behaviour influences their own health.
- 2.3. Governments have the ability via taxation and other methods to influence consumer choice.

3. Position

- 3.1. Public education campaigns must promote beneficial dietary behaviour, particularly in relation to the oral health risks from sugar and acidic foods. Special emphasis should be placed on the form, frequency, timing and total amount of sugar consumption; particularly snacking on sugar-containing foods.
- 3.2. Calcium rich foods such as milk, cheese and some fish should be promoted as the preferred source of dietary calcium rather than calcium-fortified drinks and the general health benefits of calcium-fortified products should be recognised.
- 3.3. Acidic foods and drinks should be avoided when an individual is at high risk of developing caries or erosion of teeth. Risk situations include:
 - individuals with conditions which lead to a reduction in salivary flow;
 - exertion resulting in a dry mouth;

This Policy Statement is linked to other Policy Statements: 2.2.1 *Community Oral Health Promotion: Fluoride Use*, 2.3.1 *Delivery of Oral Health Care: Special Groups: Children*, 2.3.2 *Delivery of Oral Health Care: Special Groups: Adolescents and Young Adults*, 2.3.3 *Delivery of Oral Health Care: Special Groups: Aged Persons* & 5.12 *Dentist's Relationships with the Pharmaceutical Industry*.

This Policy is consistent with NHMRC Australian Dietary Guideline.

- individuals using medication(s) which lead to a reduction in salivary flow;
 - sipping drinks, other than water, during interrupted sleep; and
 - chewing and sucking acidic vitamin tablets.
- 3.4. Health warnings should be mandatory for all consumables that significantly contribute to dental disease and tooth erosion.
- 3.5. Dietary education should be targeted to specific high risk age groups:
- Infants and babies – sleeping with pacifiers, food or bottles food with products containing sugar, including milk and fruit juices, should be discouraged.
 - Children and young adults – frequent consumption of drinks and foods with high sugar and/or acid content should be discouraged.
 - The elderly –reducing the dietary sugar and acid intake should be encouraged because of the increased risk of caries from reduced saliva flow and more exposed root surfaces.
- 3.6. The pharmaceutical industry should eliminate the use of sugars and acids as additives in medications taken orally.
- 3.7. Oral health education should encourage individuals to consume less sugar.
- 3.8. Governments should apply a tax on sugar and sugar-containing confectionery and soft-drinks and moneys from such taxation be used to fund health promotion and oral care for disadvantaged Australians as outlined in the Australian Dental Health Plan.
- 3.9. Long term, high alcohol consumption and in particular in association with tobacco use should be avoided as it significantly increases the risk of oral cancer and other health issues.

Policy Statement 2.2.2

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