

How Can Non-Oral Health Professionals Help Detect and Reduce Tobacco-Related Oral Disease?

Oral Health



WHY IT MATTERS



- Tobacco → major risk for oral disease & cancer
- Affects mouth, teeth, gums, healing, appearance
- Non-oral HCPs often first to notice changes
- Every visit = chance to support quitting

Why HCPs Should Intervene

- HCPs = educators, motivators, early detectors

Key Focus:

- Educate children, adults, pregnant women
- Use tools to show visible oral effects to motivate quitting

Main Oral Health Impacts



- Oral Cancer
- Oral Potentially Malignant Disorders (OPMD)
- Periodontal (Gum) Disease

Other Oral Problems

- Dry mouth & bad breath
- Tooth discoloration (teeth, fillings, dentures)
- Delayed healing post-surgery/extraction
- ↑ Cavities, smoker's melanosis (reversible)
- Implant failure >2x risk
- Second-hand smoke → child cavities, illness
- Flavoured/sweetened tobacco → more addiction, cavities

The 5-Step Framework:

1 Ask

- Tobacco use (smoked/smokeless)
- Duration, frequency, start age

2 Look for Signs

- Precancerous/cancer signs
- Gum disease, decay, infection

3 Decide

- Urgent issues: cancer, abscess, swelling
- Need for lifestyle advice or referral

4 Act

- Confirm dental & medical follow-up
- Refer to cessation programs (FDI Guide)
- Provide brief advice/support to quit

5 Document

- Record tobacco use details
- Note education, counselling, treatment, referrals

Learn More: fdiworlddental.org/educational-module-other-healthcare-professionals