

A Scoping Review of the Relationship Between Oral Health and Wellbeing: The Myth and Reality

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Abstract : Introduction: It is often argued that better oral health leads to better wellbeing, and the goal of dental care is to improve wellbeing. Notwithstanding, to our best knowledge, there is a lack of evidence to support the relationship between oral health and wellbeing. Aim: The scoping review aims to examine current definitions of health and wellbeing as well as map the evidence to examine the relationship between oral health and wellbeing. Methods: The scoping review followed the Preferred Reporting Items for Systematic Reviews Extension for Scoping Review (PRISMA-ScR). A two-phase search strategy was followed because of the unmanageable number of hits returned. The first phase was to identify how well-being was conceptualised in oral health literacy, and the second phase was to search for extracted keywords. The extracted keywords were searched in four databases: PubMed, CINAHL, PsycINFO, and Web of Science. To limit the number of studies to a manageable amount, the search was limited to the open-access studies that have been published in the last five years (from 2018 to 2022). Results: Only eight studies (0.1%) of the 5455 results met the review inclusion criteria. Most of the included studies defined wellbeing based on the hedonic theory. And the Satisfaction with Life Scale is the most used. Although the research results are inconsistent, it has generally been shown that there is a weak or no association between oral health and wellbeing. Interpretation: The review revealed a very important point about how oral health literature uses loose definitions that have significant implications for empirical research. That results in misleading evidence-based conclusions. According to the review results, improving oral health is not a key factor in improving wellbeing. It appears that investing in oral health care to improve wellbeing is not a top priority to tell policymakers about. This does not imply that there should be no investment in oral health care to improve oral health. That could have an indirect link to wellbeing by eliminating the potential oral health-related barriers to quality of life that could represent the foundation of wellbeing. Limitation: Only the most recent five years (2018–2022), peer-reviewed English-language literature, and four electronic databases were included in the search. These restrictions were put in place to keep the volume of literature at a manageable level. This suggests that some significant studies might have been omitted. Furthermore, the study used a definition of wellbeing that is currently being evolved and might not everyone agrees with it. Conclusion: Whilst it is a ubiquitous argument that oral health is related to wellbeing, and this seems logical, there is little empirical evidence to support this claim. This question, therefore, requires much more detailed consideration. Funding: This project was funded by the Ministry of Higher Education and Scientific Research in Libya and Tripoli University.

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