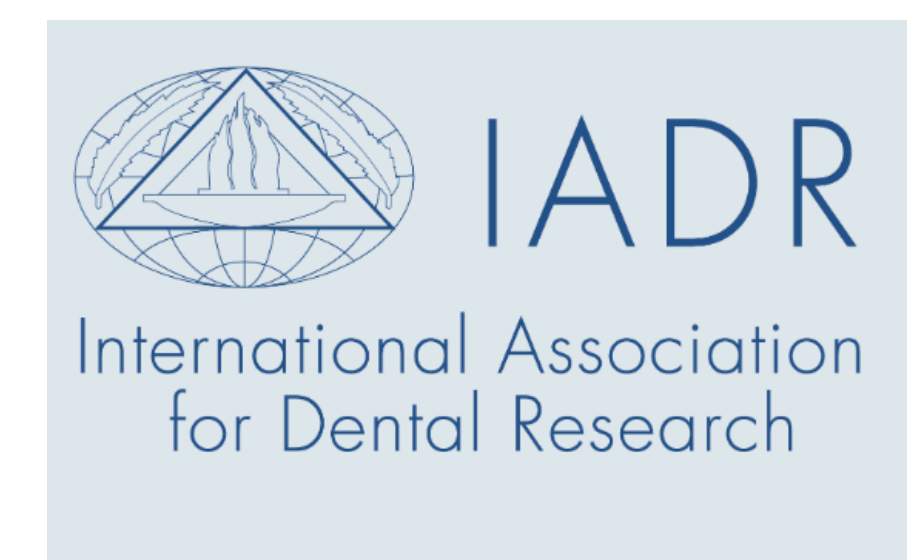


“Global of Burden Disease of Edentulism Between 1990-2015”



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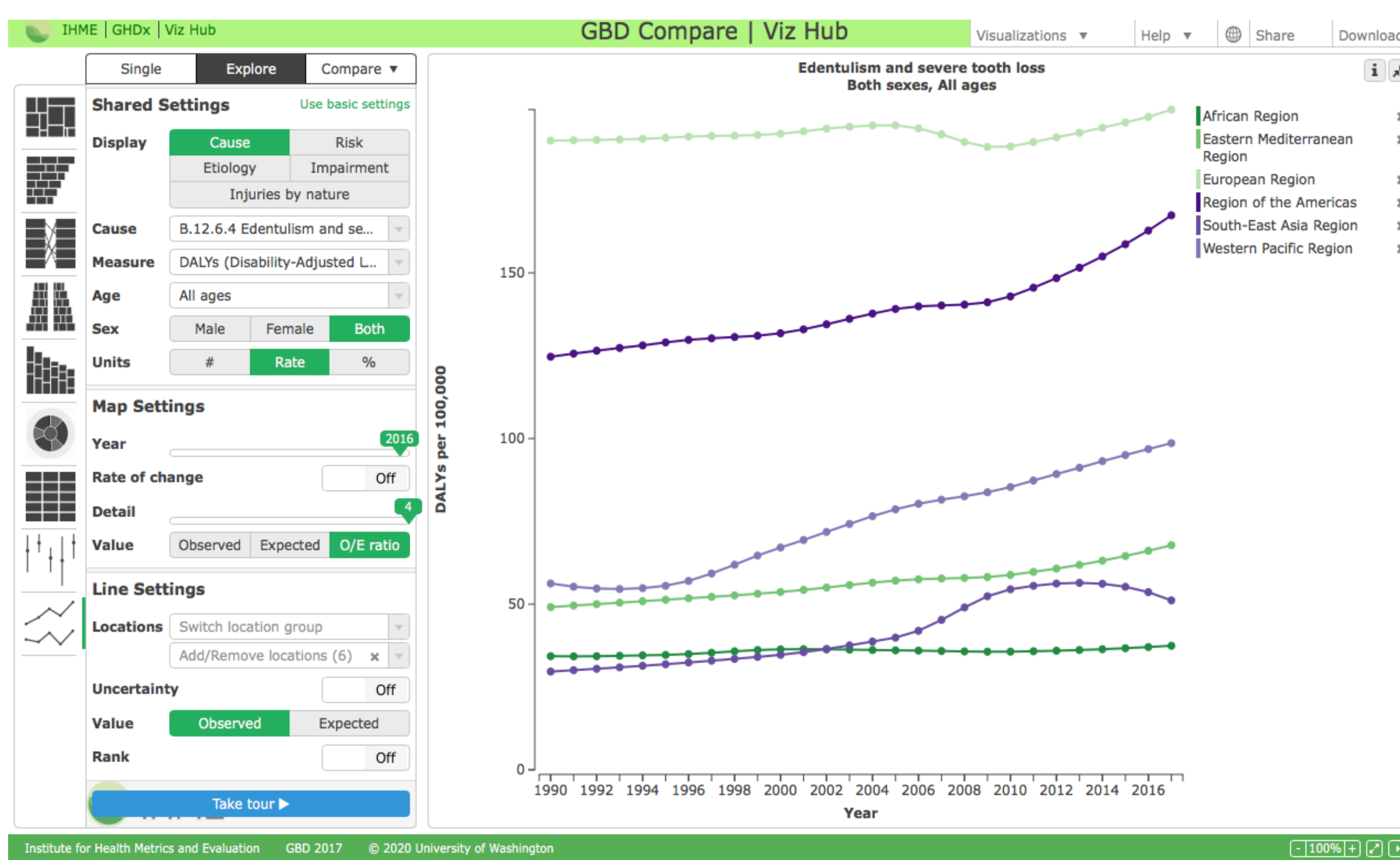
Background: Global Burden of Disease (GBD) is defined as a measure that combines mortality and morbidity due to a disease, whether in absolute numbers, percentage or rates. Edentulism is a condition that does not generate mortality, but morbidity and disability. The indicator “Years Lived in Disability”, or DALYs is calculated by measuring the years with discomfort, pain, illness, or disability that a person lives with respect to the life expectancy of their country or region.

Objective: Describing the behavior of the global burden of edentulism, between 1990 and 2015, measured in years lived with disability in the 6 super-regions of the WHO, and the 4 of the World Bank Income Groups, for both sexes and the age groups, 15 to 49 and 50 to 69.

Methods: Retrospective descriptive study carried out with Information from the “Global Burden of Disease Study” from IHME. Institute for Health Metrics and Evaluation. University of Washington <http://www.healthdata.org/gbd>. Data was extracted, stored and analyzed in duplicated Excel files during a year (2018), which was then triangulated with data from secondary sources, and published literature, specially focused in Latin America.

The **limitation** of this study is that the data extracted from the GBD are descriptive and ecological and do not allow to test hypotheses that explain the findings.

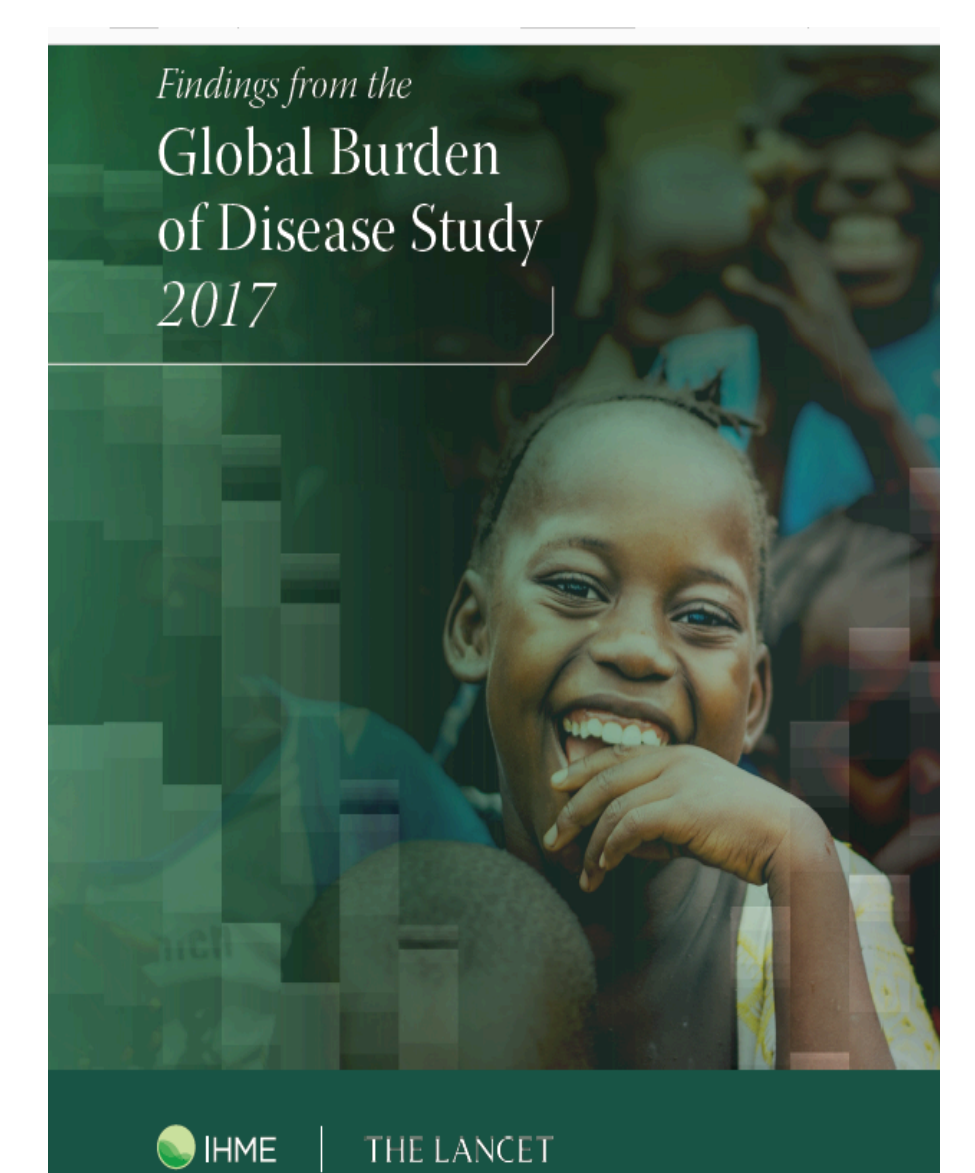
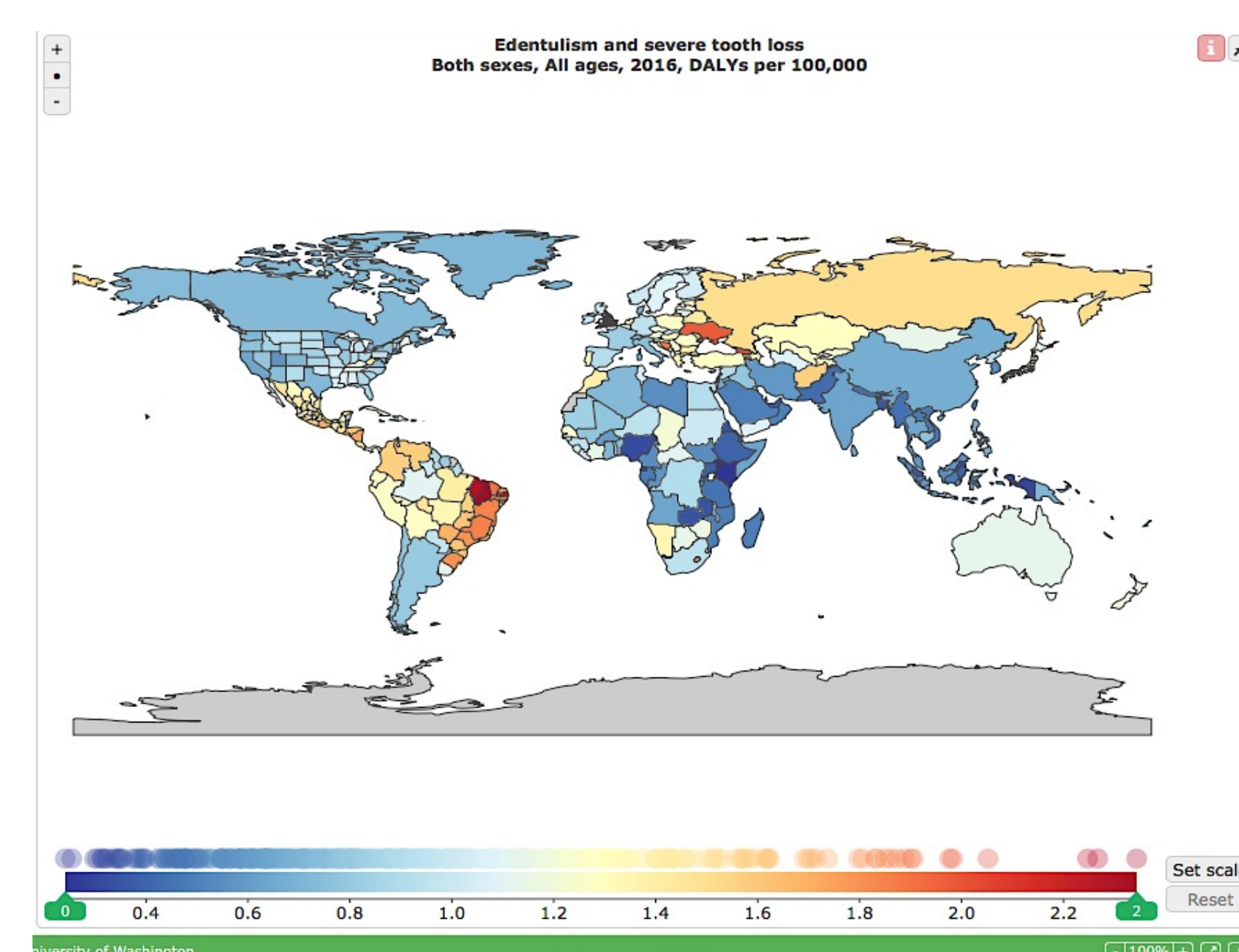
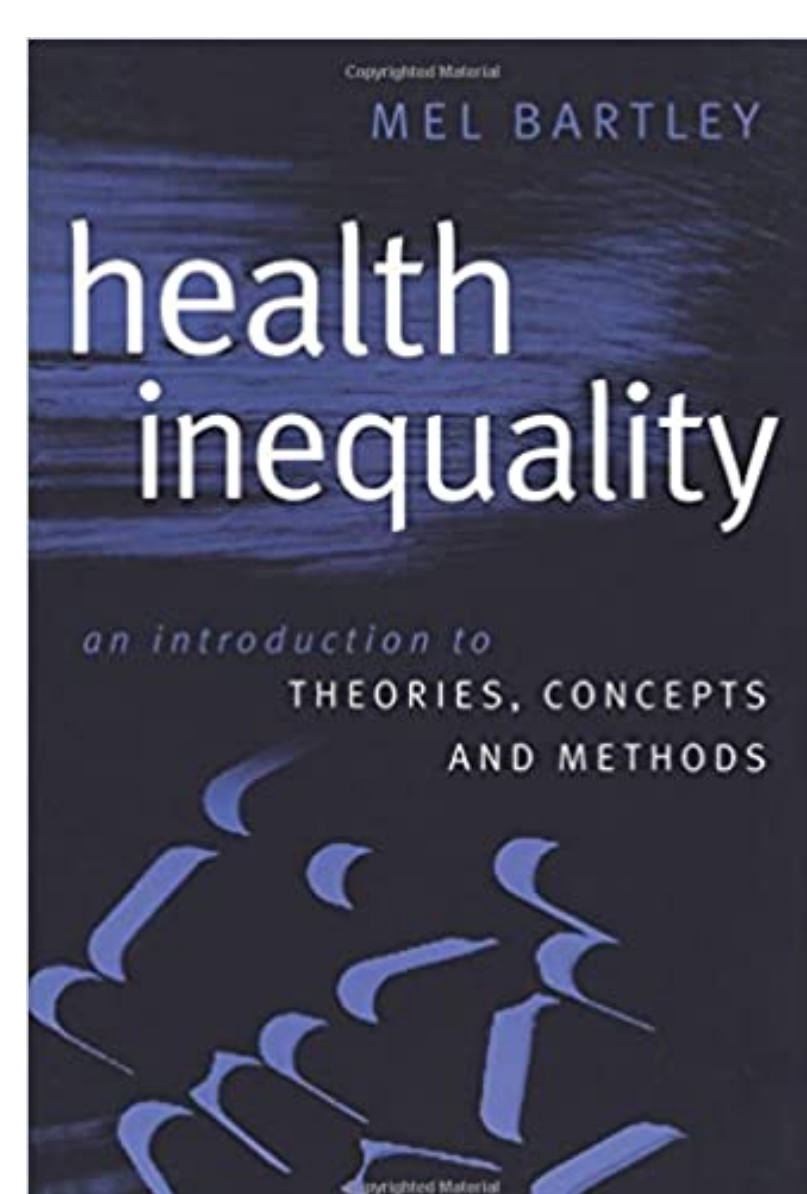
Results: Oral conditions remained highly prevalent in 2015 inasmuch as Nearly half of the world population suffered disability from oral Conditions (age-standardized prevalence: 48.0%). An increase was found in the burden of disease due to edentulism in all regions between 1990 and 2015. The age-standardized prevalence of total loss of teeth in 2015 was 4.1% (276 million persons). Total tooth loss remained the leading cause of DALYs due to oral conditions, contributing 7.6 million compared to 0.1 for untreated caries in permanent and deciduous teeth



The Data was reviewed and corrected in January 2019. The use of continuous observations, four corroborations in the G.B.D during 2018, because the actualizations, and triangulation of information sources, helps to increase credibility.

Age-standardized DALY rates in 2015 were 113 per 100,000 person-years for total tooth loss and 2 per 100,000 person-years for untreated caries in deciduous teeth. The age-standardized DALY rates in Brazil were 207 per 100,000 person-years.

Conclusions: Demographic changes, as growth of the population and aging and longevity increase, especially in regions with higher economic income. Biological aspects; Gender; Ethnicity; Level of education (specially parent’s level); Income and Socio Economic Status were related with edentulism. The life-course approach, is from our perspective, the one that best explains the global burden of disability due to edentulism, and this argument is reinforced by the literature reviewed.



Conceptually, there are three models in life-course research, that explain the association between childhood experiences and health outcomes in later life. First, the sensitive period model, second, the accumulation model and third, an alternative approach for conceptualizing the accumulation of risk, the social mobility model. Colombia is no stranger to this problem, since that in our last national survey (ENSAB IV) we find that the prevalence of total edentulism at 60 years, is close to 35% and the current model health has proved inefficient, expensive and exclusive.