In this month's *Bulletin*

This month's special theme: oral health (pp. 641–720)

Poul Erik Petersen introduces the special theme of oral health in the first editorial by outlining WHO's approach to improving this vital but often neglected area of public health. In another editorial, Jesper Reibel argues that because developing countries have fewer dentists than developed countries they need to step up anti-smoking campaigns even more. In the last editorial of the theme issue, Aubrey Sheiham calls for a more holistic approach to oral health, in which the mouth is not viewed as being separate from the rest of the body.

More oral health care for ageing populations (pp. 646–647)

In the News, Theresa Braine reports from Mexico on how more health promotion and oral health care is needed for the world's ageing population and that today's failure to address these needs could develop into a costly problem tomorrow. In the *Bulletin* interview, Vladimir Lepakhin, WHO's Assistant Director-General for the Health Technology and Pharmaceuticals cluster, discusses efforts to improve access to medicines and how these efforts have forced public health authorities to focus even more on drug safety.

Dental attendance in Burkina Faso (pp. 650–655)

In the leading research paper, Benôit Varenne et al. studied the demand for dental care among patients at 15 clinics in Burkina Faso's capital, Ougadougou, throughout 2004. They found, as expected, that most dental visits were in response to pain, mainly toothache, and conclude that district health authorities in urban west African areas should provide pain relief as part of their primary health care services.

Betel nut chewing in Micronesia (pp. 656–660)

Widespread betel nut chewing in the Asian-Pacific region has prompted concern about oral lesions and oral cancer in long-term users. Eric Oakley et al. studied 309 high-school children in Saipan, Commonwealth of the Northern Mariana Islands, and found that 63% chewed the substance. Mucosal examinations revealed that 13% had oral leukoplakia and 9% had oral submucous fibrosis — both considered potentially malignant diseases in the oral cavity.

The global burden of oral diseases (pp. 661–669)

The global burden of oral disease relates to conditions, such as tooth decay, poor periodontal health conditions, tooth loss, oral cancer, oral diseases linked to HIV/AIDS and trauma, which all have negative impact on quality of life. In their article, Poul Erik Petersen et al. put the burden of oral disease in a global context, emphasizing that oral diseases are determined by sociobehavioural risk factors. They conclude that oral and other chronic diseases share similar risk factors and call for an integrated approach to prevention and health promotion in the future.

Effective use of fluorides in public health (pp. 670–676)

In their paper Sheila Jones et al. look at diverse public health approaches to the use of fluoride for caries prevention over the last 50 years and discuss the effectiveness of water fluoridation in California; salt fluoridation in Jamaica; milk fluoridation in Chile; and the development of affordable toothpaste in Indonesia.

Oral health promotion in schools (pp. 677–685)

Oral health is an integral part of general health and fundamental to well-being, and schools can help to reduce the risk of oral disease and promote sustainable healthy lifestyles. In her article, Stella Y. L. Kwan examines the opportunities for addressing oral health issues in schools. She argues that schools may be the only place for high-risk children to have access to oral health services, and highlights the key components of such health promotion based on the WHO Global School Health Initiative.

Measuring progress in oral health (pp. 686–693)

Oral health information systems are needed in countries to analyse disease trends as well as for surveillance of disease risk factors, use of oral health service, and quality and outcome of programmes. In their article, Poul Erik Petersen et al. look at how different countries have designed their oral health information systems. They describe oral health databases established at regional and global level, based on WHO methodologies, and new WHO surveillance risk factor systems that incorporate oral health into chronic disease surveillance databases.

Diet and oral disease (pp. 694–699)

Paula Moynihan reviews evidence on the link between diet and oral health, including the impact of nutritional status on dental caries, gum disease, oral cancer and the oral manifestations of HIV/AIDS. She concludes that a diet rich in fruits and vegetables and in wholegrain starchy foods and low in free sugars and fat will protect the teeth and oral tissues as well as being beneficial to health in general.

Oral lesions in HIV infection (pp. 700–706)

Many viral, bacterial and fungal lesions are associated with HIV infection in the oral cavity. In their article, Maeve M. Coogan et al. look at a group of sentinel lesions that have been identified and which are strongly associated with HIV infection. They argue that the presence of such oral lesions may have a significant impact on health-related quality of life, and that their recognition and management is an important part of clinical care of the HIV-infected patient. ■