

Kandelman.txt

From: webd@kenny.who.int
Sent: Monday, 20 May 2002 00:56
To: dietandhealth@who.int
Subject: Comments Form

Below is the result of your feedback form. It was submitted by
() on Monday, May 20, 2002 at 00:56:13

Name: Kandelman Daniel

Submitter: Faculty of dental medicine Un .of Montreal,Qc. Canada

Address: CP 6128 Succ. Centre Ville

City: Montreal

Postal_Code: H3V3J7

State: Quebec

Country: Canada

Email: dkandelman@videotron.ca

Fax: 1 514 7393932

Tel: 1 514 343 6059

Scope_of_Activities: Professor of Dentistry Director Dept. of oral health

Mandate_of_the_Organization: Personal opinion

Interest: Teaching

Sources_of_Funding: None
personal opinion

Comments: First congratulations for the remarkable effort of my colleagues for promoting dental health in the paper on the scientific basis for diet, nutrition and the prevention of dental diseases.

I am nevertheless surprised that this paper does not enough take in account the new perspectives in the understanding of the dynamics of the carious process in which the specificity of the microflora and the interrelationship between diet variables, protective mechanisms of saliva and the acquired host resistance are of paramount importance.

The paper does not enough emphasizes the fact that in the last 20 years, mainly due to optimum fluoride exposure, and practice of good oral hygiene procedures, an important reduction in caries has been observed, despite the fact that sugar consumption was maintained and/or increased during the same laps of time.

The paper does not either take enough in account the new distribution of caries in most of the industrialized countries in which 20 -30% of the children are at high risk and accumulate the two third of the dental treatment's needs of their respective groups. This recent epidemiological new caries distribution must be taken in account in order to adopt appropriate strategies based on scientific clinical recent evidence :i.e diet and nutritional counseling given to high and low risk individuals are different; it does not mean that we should encourage people to eat more dietary sugars but it means that we must determine the risk factor and evaluate if the diet parameters are important mainly at least for the high caries risk population ;consequently the recommendations should be different taking in account the risk factor.

Finally factors such as cariogenicity of food ,retentiveness and food clearance, eating pattern and meal frequency, are interrelated and I feel that speculations on one of these factors like it is done on some of them in this report with regard to correlation does not lead to valid clinical recommendations except probably for the frequency of consumption in high risk of caries with low fluoride exposure and poor oral hygiene.

Finally I must indicate that most of my comments are related to the highly industrialised countries. I am in agreement with the recommendations with regard to the developing countries, precisely because we observe an increase of sucrose consumption particularly in those countries in which children can afford to buy confectionery food, and because we have then to deal with high risk population in absence

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of oral hygiene and fluoride supplements.

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