

# FDI policy statement on dietary free sugars and dental caries

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FDI World Dental Federation

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## CONTEXT

The extensive scientific literature on dental caries supports that free sugars are a necessary dietary factor in the development of dental caries. A policy statement is necessary because insufficient attention has been paid to reducing dietary sugars to prevent dental caries. Moreover, greater scientific attention is now being paid to the relationship between common risk factors, such as intake of dietary sugars and non-communicable diseases (NCDs), including dental caries. New dietary recommendations from the World Health Organization (WHO) recommend limits on free sugar intake for reducing the incidence of caries. WHO recommends that 'free sugars' be limited to a daily average of no more than 10% of total calories ('strong recommendation')<sup>1</sup>. *Strong recommendations* indicate that 'the desirable effects of adherence to the recommendation outweigh the undesirable consequences' for adults and even less for children. WHO also suggests limiting intake of these sugars to 5%, roughly 25 g, of total calories ('conditional recommendation')<sup>2</sup>. *Conditional recommendations* are made when there is less certainty about the balance between the benefits and harms or disadvantages of implementing a recommendation to minimize the risk of dental caries throughout the life course. These recommendations are therefore crucial for the promotion of oral health and general health.

## SCOPE

The scope of this policy statement focuses on a brief review of the association between sugars and dental caries and the WHO Guideline on sugars.

## DEFINITIONS

Dietary free sugars are 'all monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups, fruit juices and concentrates.'

## PRINCIPLES

### The relationship between free sugars and caries

Dietary free sugars are the primary dietary factor responsible for caries – as sugars induce the proliferation of cariogenic bacteria and their metabolism results in acids that cause demineralization of enamel and dentin. This initiates the pathological process, which leads to caries. There are other factors, such as education, oral hygiene and use of fluoride, which influence this process but these are not truly aetiological factors. Health promotion should focus on the amount and frequency of free sugar intake as they are highly correlated. The dose–response relationship between free sugars and caries is log-linear. Each additional 5 g of sugar intake has been associated with an increase in the probability of developing caries. Notably, there has been a higher prevalence and severity of caries with sugar intake of over 10% of total energy, compared with less than 10% intake.

## POLICY

FDI commits to:

- Coordinate action to implement the WHO Guideline on sugar intake for adults and children through international, national and local food policies

- Advocate for the reduction of free sugar consumption as a central element of an integrated food policy, which seeks to create a supportive and sustainable environment conducive to good health
- Advocate for dental organisations and international agencies to develop appropriate strategies based on a range of integrated health promotion complementary policies and actions across the downstream, where development of practical protocols for educating the profession and the public is important, midstream and upstream spectrum to reduce free sugar consumption
- Advocate for oral health professionals and public health practitioners to play an important role in promoting healthy food policies and lobbying key decision-makers on the regulatory changes needed
- Advocate caries prevention strategies that focus on individual- and population-based approaches to reduce free sugar consumption in general, particularly sugar-sweetened beverage consumption, across all stages of the life course
- Encourage national dental organizations to introduce dietary guidelines to reduce free sugars in nurseries, day-care centres, schools (including vending machine regulations), colleges, hospitals, work places and other institutions and for patients in the dental clinics
- Integrate lobbying activities with groups concerned about NCDs to get fiscal and legislative measures in place that implement the WHO recommendations on sugars

- Support the urgent need for tighter and enforceable controls on the advertising, promotion and labelling of food and drinks containing free sugars, especially those targeting children and young adults
- Work with pharmaceutical companies to reduce the production of sugar-sweetened medicines.

## REFERENCES

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