

Syndemic of Oral Health and NCDs, The Systemic Failure Affecting Millions: A Public Policy Problem in Mexico



Daniel Antonio Arrillaga
ATLAS
202319372@viep.com.mx

Oral health in Mexico continues to be treated as a peripheral component of the health system, despite its high burden of disease and its undeniable, well-documented interaction with noncommunicable diseases (NCDs). This omission is not merely clinical or academic, but profoundly political. The coexistence and mutual reinforcement of oral diseases and NCDs constitute a true syndemic, understood as the convergence of multiple health conditions that share social determinants, risk factors, and cumulative adverse effects. In the Mexican context, this oral health–NCD syndemic clearly reveals a structural failure in public policy that affects millions of people and has, regrettably, become normalized within the current regulatory framework.

The General Health Law recognizes NCDs as one of the country's priority public health problems and establishes the obligation of the Mexican State to develop strategies for their control and epidemiological surveillance. However, in Chapter III, which addresses Noncommunicable Diseases, oral health is not mentioned as a strategic axis, although oral diseases are, by definition, chronic, noncommunicable, highly prevalent, and preventable. This absence effectively translates into invisibilization, limiting resource allocation and the genuine integration of dentistry into primary health care models.

Available epidemiological data further reinforce this omission. The National Health and Nutrition Survey (ENSANUT) has documented a high prevalence of dental caries, periodontal disease, and tooth loss across different age groups, with greater impact among socially vulnerable populations (1). Likewise, the Epidemiological Surveillance System for Oral Pathologies (SIVEPAB), in its most recent updates, reports that more than ninety percent of the Mexican population presents some form of oral disease or oral damage, with caries and periodontal disease being the most prevalent conditions (2). These conditions not only cause pain, infections, and functional limitations, but are also closely associated with impaired nutrition, metabolic imbalance, and reduced quality of life, particularly among individuals living with diabetes mellitus, cardiovascular diseases, and other NCDs.

Scientific evidence has also demonstrated that oral pathologies are closely associated with increased systemic inflammation and a higher cardiovascular risk. Tooth loss, in particular, significantly affects nutritional status, especially among older adults. Ignoring this interrelationship perpetuates a fragmented biomedical model that addresses NCDs without considering one of their key inflammatory and behavioral components.

Effectively integrating dentistry into the care of noncommunicable diseases does not merely involve expanding dental services within hospitals, but rather rethinking the model of care from a more comprehensive perspective, one that prioritizes prevention over curative approaches and is grounded in the social determinants of health. Early dental care enables the identification of risk factors that may destabilize individuals living with chronic conditions, helps prevent systemic complications, and reduces costs associated with specialized hospital care. From this perspective, dentistry should not be conceived as an additional expense, but as a strategic and cost-effective investment for NCD control and for fulfilling the right to health protection enshrined in the Constitution.

The lack of explicit recognition of oral health within national strategies for NCDs ultimately represents an expression of structural inequity. While NCDs occupy a central place in health policy discourse, millions of people continue to live with preventable oral diseases that worsen their overall health status and deepen the social inequalities they experience daily. Recognizing the oral health–NCD syndemic requires political will, regulatory adjustments, and a reconfiguration of the health system that places dentistry at the core of primary care and public policies aimed at collective well-being.

As long as oral health remains excluded from health policy, health itself will remain incomplete. Integrating dentistry constitutes an ethical, scientific, and social urgency that can no longer be postponed.