Sex hormones appear to be able to explain a high number of sexual dimorphisms of the immune function. Considering both the fact that, for example, men are more frequently affected by severe infections like sepsis than women. In contrast, more women than men tend to develop autoimmune diseases like rheumatoid arthritis, Hashimoto’s thyroiditis and Sjögren’s syndrome.

Dr Christiane Elisabeth Gleissner: In a systematic review of the presence and the severity of periodontitis according to sex, the University of Maryland scientists attempted, for the first time, to find a sexual dimorphism in periodontal disease. They found little robust data on this subject. Out of almost 2,000 studies, only 12 were considered in the review.

Theories of the disease have been proposed, but there are no explanations as to why sex should be considered as an individual risk factor in the risk assessment of periodontitis. The latest study of skeletons from the late 19th and early 20th centuries by a female scientist from Hungary, for example, have also confirmed a higher prevalence of periodontitis in men.

It is interesting to note that this dimorphism already existed 100 years ago, as shown by a recently published study in the journal. Scientists from the University of Maryland, USA, released a paper in which they claimed to have found a sexual dimorphism with regard to periodontal disease. Have any results been published since then that support their hypothesis?

Dr Christiane Elisabeth Gleissner: In a systematic review of the prevalence and the severity of periodontitis according to sex, the University of Maryland scientists attempted, for the first time, to find a sexual dimorphism in periodontal disease. They found little robust data on this subject. Out of almost 2,000 studies, only 12 were considered in the review.

These studies demonstrated that men have a higher risk of attachment loss than women. This sexual dimorphism was observed across different countries and cultures, and therefore cannot be explained by socio-cultural factors alone. The male sex, however, seems to be an independent risk factor for periodontitis. New epidemiological studies from Hungary, for example, have described an increased prevalence of periodontitis in men.

In the context of all the findings, it seems obvious to look for causal relations. It may also be necessary to reflect critically upon one’s own practice concept and adjust it to the different needs of men and women. This could include the design of educational material for female patients. Furthermore, knowledge gained from medicine and pharmacology regarding sex-related aspects has to be integrated into periodontal therapy, such as the selection of analogues and antibiotics or the care of female patients with diseases.

Besides this, is there anything else that clinicians should be aware of in treating men and women? I do not think that women and men should be treated differently—although scientific data in this field is also lacking. Priorities of anamneses and clinical diagnostics for male patients will probably be different from those for female patients. Furthermore, knowledge gained from medicine and pharmacology regarding sex-related aspects has to be integrated into periodontal therapy, such as the selection of analogues and antibiotics or the care of female patients with diseases.
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