The cooperation between the cardiology and periodontal communities is an important first step in helping patients reduce their risk of these associated diseases, according to a consensus paper developed by the American Academy of Periodontology (AAP) and The American Journal of Cardiology (AIC).

“Inflammation is a major risk factor for heart disease, and periodontal disease may increase the inflammation level throughout the body, said Kenneth Kornman, DDS, PhD, editor of the Journal of Periodontology and a co-author of the consensus report. “Since several studies have shown that patients with periodontal disease have an increased risk for cardiovascular disease, we felt it was important to develop clinical recommendations for our respective specialties. Therefore, you will now see cardiologists and periodontists joining forces to help our patients.” The paper is published concurrently in the online versions of the Journal of Periodontology (JOP), the official publication of the AAP, and AIC, a peer-reviewed journal circulated to 30,000 cardiologists.

Developed in concert by cardiologists and periodontists, the paper includes clinical recommendations for both medical and dental professionals to use in managing patients living with, or who are at risk for, either disease.

As a result of the paper, cardiologists may now examine a patient’s mouth, and periodontists may begin asking questions about heart health and family history of heart disease.

Specific clinical recommendations include the following:

• Patients with periodontitis who have one known major atherosclerotic cardiovascular disease (CVD) risk factor — such as smoking, immediate family history for CVD or history of dyslipidemia — should consider a medical evaluation if they have not done so within the past 12 months.

• A periodontal evaluation should be considered in patients with atherosclerotic CVD who have signs or symptoms of gingival disease, significant tooth loss or unexplained elevation of hs-CRP or other inflammatory biomarkers.

• A periodontal evaluation of patients with atherosclerotic CVD should include a comprehensive examination of periodontal tissues, as assessed by visual signs of inflammation and bleeding on probing; loss of connective tissue attachment detected by periodontal probing measurements, and bone loss assessed radiographically. If patients have untreated or uncontrolled periodontitis, they should be treated with a focus on reducing and controlling the bacterial accumulations and eliminating inflammation.

• When periodontitis is newly diagnosed in patients with atherosclerotic CVD, periodontists and physicians managing patients’ CVD should closely collaborate in order to optimize CVD risk reduction and periodontal care.

The clinical recommendations were developed at a meeting held in early 2009 of top opinion leaders in both cardiology and periodontology. The consensus paper also summarizes the scientific evidence that links periodontal disease and cardiovascular disease and explains the underlying biologic and inflammatory mechanisms that may be the basis for the connection.

Although additional research will help identify the precise relationship between periodontal disease and cardiovascular disease, recent emphasis has been placed on the role of inflammation — the body’s reaction to fight off infection, guard against injury or shield against irritation. While inflammation initially intends to have a protective effect, untreated chronic inflammation can lead to dysfunction of the affected tissues, and therefore to more severe health complications.

Cardiovascular disease, the leading killer in the United States, is a major public health issue contributing to 2,400 deaths each day. Periodontal disease, a chronic inflammatory disease that destroys the bone and tissues that support the teeth, affects nearly 75 percent of Americans and is the major cause of adult tooth loss. While the prevalence rates of these disease states seem grim, research suggests that managing one disease may reduce the risk for the other.

“Both periodontal disease and cardiovascular disease are inflammatory diseases, and inflammation is the common mechanism that connects them,” said Dr. David Cochran, DDS, PhD, president of the AAP and chair of the Department of Health Sciences at the University of Texas Health Science Center at San Antonio.

“The clinical recommendations included in the consensus paper are aimed at helping periodontists and cardiologists control the inflammatory burden in the body as a result of gum disease or heart disease, thereby helping to reduce further disease progression, and ultimately to improve our patients’ overall health. That is our common goal.”

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