Questions on American Heart Association’s stance on periodontal disease and heart health

Dear Dr. Hoestert,

The recent article in the American Heart Association’s journal Circulation, titled “Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support an Independent Association?” published online 4/18/2012, combined with the American Heart Association’s press release of the same day, was discouraging in and of itself, and made more so by the prototypical way The New York Times reported on the story the next day.

Although I suspect that Circulation is not responsible for the AHA’s press release, the statement in the announcement that researchers who showed a “stronger relationship between chronic periodontitis (PD) and ASVD ‘didn’t account for the risk factors common to both diseases,’” is incorrect and inconsistent with the manuscript.

Unfortunately, the Circulation article is reprinted almost in its entirety as its authors appear to have had an agenda that went beyond the scientific publications they reviewed. Although I agree with the authors that an unqualified number of ill-informed or unscrupulous practitioners engage in hucksterism with regard to the several purported periodontal-systemic disease links, the statement in the article’s abstract that “Patients and providers are increasingly presented with claims that PD treatment strategies offer ASVD protection, these claims are often endorsed by professional and industrial stakeholders” is not supported by the data presented in the review. Also revealing of the authors’ apparent bias is the final sentence of the article, which reads: “…statements that imply a causative association between PD and specific ASVD events or claim that therapeutic interventions may be useful on the basis of that assumption are unwarranted.”

Hence, it appears as if the AHA’s recommendations to dentists, dental hygienists and others may be accurately paraphrased “Although we at AHA acknowledge that there are unexplained links between the incidence of PD and ASVD, because we can find no causal links, it is unwarranted for dental professionals to inform patients that better oral health is associated with better cardiovascular health in any way if used to encourage better periodontal health and improved home oral hygiene.”

Do the Circulation authors, editors and the AHA really believe that this is a sound message, especially in light of the reality that an overwhelming majority of care to people falling outside of current care-delivery models. “We’re going to shine a spotlight on an issue that is not much talked about and we are going to do our best to solve this problem,” Sanders said.

Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.”

By a variety of measures, the dental health of individuals in the United States is worse than in most other industrialized nations, with low-income children suffering the worst outcomes. The American Dental Association estimates that an unquantifiable number of ill-informed or unscrupulous practitioners engage in hucksterism with regard to the several purported periodontal-systemic disease links, the statement in the article’s abstract that “Patients and providers are increasingly presented with claims that PD treatment strategies offer ASVD protection, these claims are often endorsed by professional and industrial stakeholders” is not supported by the data presented in the review. Also revealing of the authors’ apparent bias is the final sentence of the article, which reads: “…statements that imply a causative association between PD and specific ASVD events or claim that therapeutic interventions may be useful on the basis of that assumption are unwarranted.”

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