Looking through the window

Yvonne Gordon reports back from a conference looking at the links between oral and systemic health

With fewer patients visiting the dentist and running increased risk of periodontal disease, top professors in dentistry and medicine are gathering more and more evidence for the link between periodontal disease and systemic health, in particular heart disease and Type 2 diabetes, both of which are increasing at alarming rates, both in the UK and globally.

At the recent Oral and Dental Research Trust's (ODRT) symposium at the QE11 Conference Centre in central London – The Impact of Oral Health on Systemic Health: What is the Evidence and How Big is the Problem? – a series of experts addressed the audience with their research, yielding fascinating results.

Clinicians, academics, scientists and other interested parties packed the lecture theatre at the QE11 Conference Centre to hear an array of prestigious speakers from the UK and US.

Several studies link chronic inflammation from periodontitis with the development of cardiovascular problems. Some evidence suggests that oral bacteria may be linked to heart disease, arterial blockages and stroke.

People with diabetes often have periodontal disease. In addition, there is evidence that people with diabetes are more likely to develop and have more severe periodontitis than those without diabetes. Some studies suggest that periodontitis can make it more difficult for people with diabetes to control their blood sugar.

Although periodontitis may contribute to these health conditions, it doesn't necessarily mean that one condition causes the other. That is why researchers are examining what happens when periodontitis is treated in people with these various health problems.

Prevention better than cure

Given the potential link between periodontitis and systemic health problems, prevention may be an important step in maintaining overall health. Dentists should ensure that patients brush thoroughly twice a day and clean between the teeth once a day, as well as eat a balanced diet and limit snacks. Patients should be educated that regular dental check-ups and cleaning are essential, because professional cleanings are the only way to remove calculus, which traps plaque bacteria along the gum line.

Diabetes specialist, Professor Rhys Williams, dean of medicine and professor of dental epidemiology at the School of Medicine in Swansea, looked at the extent of periodontitis in diabetic Pima Indians. He said the mouth should not be looked at in isolation from the rest of the body. He said: "Type 2 diabetes is a result of poor diet and low physical activity. One in 10 children is overweight worldwide and there will be 300 million sufferers globally by 2025. One in three people born in the US in 2000 will develop diabetes."

He explained the "thrifty gene" hypothesis. "Humans can deal with different environmental challenges in scant times. The problem now is that in times of plenty we can have too much. The same geno-type which protects us against starvation in times of crisis, causes a risk of diabetes in times of plenty." He said periodontal disease was often found in diabetics. For example, 60 per cent of diabetic Pima Indians had periodontal disease, compared to 36 per cent in non-diabetics.

Several studies had periodontal disease, both in the UK and US. For example, 65 per cent of diabetic Pima Indians had periodontal disease, compared to 36 per cent in non-diabetics.

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The mechanistic links

His talk was followed by Dr Christine Ritchie from the University of Alabama, who gave an overview of atherosclerotic vascular disease and ischaemic stroke in the UK.

Professor Panos Papapanou from Columbia University looked at the evidence for periodontitis and macrovascular disease. He said men with periodontal disease had 4.3 times higher risk of stroke. His research includes the role of periodontal infections as independent risk factors for systemic disease, in particular, the role of periodontitis in the development of atherosclerosis, cardiovascular and cerebrovascular disease.

Professor Thomas Van Dyke, Director of the Periodontology Research Laboratories at Boston University spoke about unravelling the links between cardiovascular disease and periodontitis. He said: ‘Both conditions have a large inflammatory component. The control of inflammatory response can prevent periodontitis as well as early vascular changes. Greater understanding of the complex pathways involved in inflammation may provide alternative therapeutic strategies to combat inflammation and chronic diseases potentially arising from it.’

In his paper, Understanding and Managing Periodontal Diseases: A Notable Past, a Promising Future, published July 2008, Prof Van Dyke wrote: ‘At the end of the 20th century, an old concept in medicine and dentistry reappeared: that the infection and inflammation of periodontal disease in the mouth could reach distant sites via the bloodstream. Apparently oral disease could, in fact, contribute to systemic diseases, such as atherosclerosis, diabetes, as well as adverse outcomes in pregnancy. This concept of oral health in relation to general health connection is now supported by sound and rational evidence-based observations.

Clearly, the 21st century has arrived with a new understanding of the nature of periodontal diseases based on a notable era of discovery. There is a promising future for preventing and treating this common and troubling condition that affects not just the mouth but also the whole body.’

Joined-up thinking

The overall consensus at the symposium was that there was a need for cross-disciplinary and collaborative research projects, because public health was suffering due to the divorce between dentistry and medicine. It was originally observed in the late 1980s that patients with acute myocardial infarction (MI) had significantly more dental problems such as periodontal disease than subjects without MI. Members of a consensus group of physicians and dentists met earlier this year to review the current evidence linking periodontal disease to overall health.

The Potential Impact of Periodontal Disease on General Health; a Consensus View, published by Current Medical Research and Opinion 2008, states that: ‘The infectious and inflammatory burden of chronic periodontitis is thought to have an important systemic impact.

The article states that periodontitis is associated with an increased likelihood of coronary heart disease and may influence the severity of diabetes, although a causal relationship still needs to be demonstrated between periodontal disease, cardiovascular disease and diabetes, through relevant prospective studies. However, it acknowledged that periodontal disease is more severe in people with diabetes mellitus, a group already at increased risk for cardiovascular events.

In the paper, the consensus group expressed an urgent need for dentists and physicians to work together in understanding and improving patient health. It concluded that good oral health is an integral component of good general health and acknowledged that research into the inflammatory pathology-physiology of periodontits, cardiovascular disease and diabetes was revealing potential links between the conditions.

Therefore cross-discipline communication and research between dentists and physicians was essential to improve understanding of the risks.