



Periodontal Care a Direct Ally in the Fight Against Cardiovascular Disease

The Perio-Cardio Connection

Cardiovascular disease is the leading cause of death in the United States, contributing to 2,400 deaths each day. As evidence from research continues to point a direct link between periodontal disease and cardiovascular disease, it is becoming important for dental clinicians to inform their patients of how their oral condition may likely increase the risk for cardiovascular disease.

In recent years, the immune system, once believed to be only a vital defense against infection and a promoter of healing, is now recognized as a significant active participant in atherosclerotic cardiovascular disease and periodontitis, as well as many chronic diseases; diabetes mellitus, arthritis, inflammatory bowel disease and psoriasis. Periodontal disease is believed to contribute to the progression of cardiovascular disease by inducing increased systemic inflammation and bacterial seeding into the blood stream from inflamed periodontal tissue.

A consensus paper on the relationship between heart disease and gum disease was recently published concurrently by the American Journal of Cardiology and Journal of Periodontology. The recommendations of this paper include:

- All patients with moderate to severe periodontal disease are informed of their increased risk for cardiovascular disease.
- Any periodontal patient with other risk factors of cardiovascular disease should be recommended for medical consultation if not performed in the past 12 months.

Cardiologists also may now examine a patient's mouth for the basic signs of periodontal disease such as tooth loss, visual signs of oral inflammation, and receding gums.

Treating periodontal disease not only improves the oral health of our patients, but improves their overall health and reduces the risk of cardiovascular disease.

Please contact our office if you would like a copy of the paper or information that is available for distribution to your patients outlining the relationship between periodontal disease and cardiovascular disease.

The Inside Skinny About Implants... "When Will I Get My Tooth?"



The Sutherlands

One question I receive when I perform a dental implant consult is, "When will I get my tooth?" Like everything else in America, most of us want it yesterday. Some things you just can't rush to achieve the desired results. Loading protocols for dental implants have been a central focus in the field since the origin of osseointegration. There are many factors that go into the timeline of the placement of a single dental implant and the placement or loading of the implant with the final restoration. The factors I consider when deciding on the restorative timeline include how and when the tooth was lost, the amount and quality of bone, location of the maxillary sinus and if augmentation is required, previous history of an infection in this site, system of implant placed, soft tissue esthetics, and overall health of the patient. These are a few essential things I weigh when determining the timeline for dental implant restorations.

The timeline that has been ingrained in us is 3 months for the mandibular arch and 6 months for the maxillary arch. Is this still the recommended timeline for all dental implants? In the partially edentulous maxilla or mandible with absence of modifying factors, literature supports the loading of microroughened implants between 6 and 8 weeks. Immediate loading with a temporary restoration in the esthetic zone can be considered a viable option with the appropriate education, experience and skill. Treatment with dental implants continues to be a predictable modality.

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