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Life is like a box of chocolates: meeting the periodontal challenge

PROFESSOR ANTHONY ROBERTS on why managing patients with perio disease is akin to delving into a box of chocolates – you never know what you’re going to get...

We consider periodontal disease, caries prevalent, if, to consider the magnitude of the challenge in dentistry. The Adult Dental Health (ADH) Survey, 2005 indicated that the number of people aged 55 and over who are edentulous has reduced from over 75 per cent in 1979 to less than 25 per cent, hopefully due in small part, to improvements in the care we provide our patients. Clearly, not all of the tooth loss is solely due to periodontal disease, but the ADH Survey tells us that approximately 50 per cent of the population has an inflammatory disease affecting the periodontal tissue. In addition, over 45 per cent of children had periodontal (gingival) recession extending beyond 1 mm, and, no doubt, unfortunately, some of these teeth will be lost. The conclusions we can draw from the ADH Survey on periodontal loss are:

• Periodic loss remains common at a low level.
• Overall, a reduction in most periodontal disease.
• There is a slight increase in the prevalence of more severe disease.

The impact of severe disease is concentrated in a small proportion of the population. It is interesting to note that in gingival disease, there is a wide range of health status in the population, with some people in the healthy population, and some suffering severe disease. The disease activity and the level of risk that the patient exhibits, to clinicians and patients alike, reinforcing the importance of managing periodontal disease.

Periodontitis and periodontal disease

Periodontal disease is a focus of the RF European Workshop on Periodontology in 2005, where the panel considered whether gingivitis and periodontitis are a continuum of the same inflammatory disease. To summarise the conclusions:

• Gingivitis and periodontitis are a continuum of the same inflammatory disease.
• Overall, a reduction in most periodontal disease.
• There is a slight increase in the prevalence of more severe disease.

Periodontitis is a disease of the gums, which is often associated with tooth loss. It is a chronic inflammatory disease that affects the supporting structures of the teeth. Periodontitis can be prevented through good oral hygiene practices, such as brushing and flossing, and regular dental check-ups.

What’s the risk?

The risk of developing periodontal disease is influenced by various factors, including genetics, age, smoking, stress, and diet. People with a family history of periodontal disease are more likely to develop it than those without such a history. Smoking, stress, and diet also play a role in the development of periodontal disease. For example, smoking increases the risk of developing periodontal disease by up to 60%.

Periodontal disease is a chronic condition, and it can progress over time if it is not treated. The longer the disease goes untreated, the more severe it becomes. If left untreated, periodontal disease can lead to tooth loss and even bone loss.

Types of treatment

Periodontal therapy is aimed at controlling the progression of the disease and preventing further damage to the tissues. This may include professional cleaning of the teeth, medicaments, or surgery. The treatment plan will depend on the severity of the disease and the individual patient’s needs.

Oral health

Considering periodontal disease, the Adult Dental Health (ADH) Survey, 2005 highlighted that:

• There is a slight increase in the prevalence of periodontal disease.
• Overall, a reduction in mild disease.
• Perio disease remains common at a low level.
• Overall, a reduction in most periodontal disease.

Survey

Data from Claffey et al (1990) indicates that the overall prevalence of chronic periodontitis (gum) pocketing exceeding 4mm and, no doubt, unfortunately, some of these teeth will be lost. The conclusions we can draw from the Adult Dental Health Survey on periodontal loss are:

• Periodic loss remains common at a low level.
• Overall, a reduction in most periodontal disease.
• There is a slight increase in the prevalence of more severe disease.

The impact of severe disease is concentrated in a small proportion of the population. It is interesting to note that in gingival disease, there is a wide range of health status in the population, with some people in the healthy population, and some suffering severe disease. The disease activity and the level of risk that the patient exhibits, to clinicians and patients alike, reinforcing the importance of managing periodontal disease.

How will periodontitis progress?

There are various factors that can affect the progression of periodontal disease. Some of these factors include smoking, diabetes, and gum disease. Smoking, for example, can lead to gum disease, which can then progress to periodontal disease. Diabetes can also increase the risk of periodontal disease, as the body’s immune system is not able to fight off the bacteria that cause gum disease.

Outcomes of treatment

The outcomes of periodontal disease treatment can vary depending on the severity of the disease, the patient’s overall health, and the treatment plan. Treatment may involve scaling and root planing, medications, or surgery.

Periodontal disease can be prevented through good oral hygiene practices, such as brushing and flossing, and regular dental check-ups. Treating periodontal disease early can prevent further damage to the tissues and help preserve tooth function and appearance.

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