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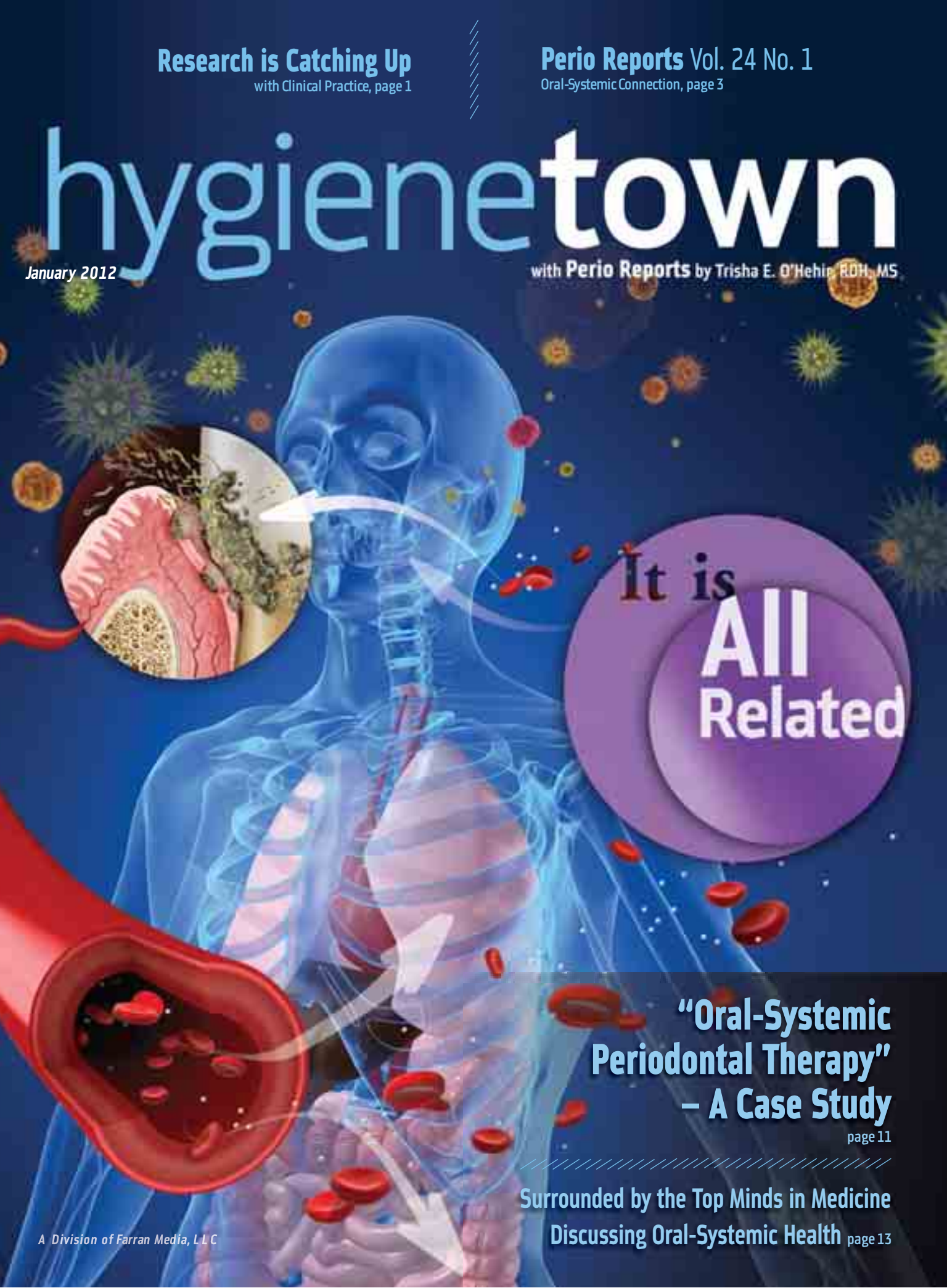
January 2012

with **Perio Reports** by Trisha E. O'Hehir, RDH, MS



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Research is Catching Up with Clinical Practice

by Trisha O'Hehir, RDH, MS
Editorial Director, Hygienetown

After several years in the profession and several thousand patients (yes, I'm a slow learner) it occurred to me that very few patients actually lose their teeth because of periodontal disease. In hindsight, there were even some patients with such poor oral hygiene they deserved to lose their teeth, but never did. They had gingivitis that never even progressed to periodontitis. Threatening tooth loss when it never actually happened was not a successful motivational approach. It seems only about five to 10 percent of the population will ever have severe periodontitis. On the other hand, it is true that with good oral health teeth will last a lifetime.

Research has now caught up with clinical practice. It usually takes about 25 years for what clinicians experience to be confirmed with published research. Think about how long ago you realized that smoking was a serious risk factor for periodontal disease – even worse than poor oral hygiene. In some cases, no matter how hard you worked, patients who smoked experienced more periodontal disease. That association is now confirmed with research.

The mouth is indeed connected to the rest of the body and when the mouth is unhealthy, the rest of the body is unhealthy. The first disease to be recognized in this way was diabetes, now considered a bidirectional disease. Out of control diabetes leads to periodontitis and severe periodontitis complicates glycemic control. In addition to diabetes, we've seen many other diseases and conditions linked to oral diseases. As the medical community came to realize so many diseases were actually bacterial infections, links were identified between oral bacterial biofilm and cytokine release in periodontal tissues and cardiovascular disease, stroke, pulmonary infections, preterm-low birth weight birth, and more recently arthritis, obesity and cancer.

This month's focus is on the implications and connections between the mouth and the rest of the body, both scientifically and practically. Townie Sarah Cottingham presents the practical approach incorporating this new information into clinical practice. Perio Reports highlights findings in the arena of diabetes and our message board and clinical case also focus on this important connection. ■

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DR. GARY DEWOOD

Professionalism & Profit: The Struggle for Success

He is an international speaker on occlusion, restorative dentistry, temporo-mandibular disorders, esthetics, financial management, practice management and more. He maintained a private restorative general practice for 22 years before devoting time to teaching.

DR. MARK HYMAN

A Day in the Life of a Top Gun Dental Team

An international lecturer, he teaches at the Pankey Institute in Key Biscayne, Florida and is an Adjunct Associate Professor at the UNC School of Dentistry. He was voted one of the top 100 leaders in Dental Continuing Education by Dentistry Today magazine.

TRISHA O'HEHIR, RDH

Science Based Sound Bites

A hygienist for over four decades, she is the editorial director of Hygienetown magazine and editor at Perio Reports research summaries. She presents thought-provoking programs combining current research, practical applications and alternatives for the future.

DR. RICHARD MADOW AND DR. DAVID MADOW

How to Love Dentistry, Have Fun and Prosper!

The Madow brothers founded The Madow Group with the goal of helping fellow dentists achieve success and happiness in their practices. Their publications, articles and blogs are some of the most popular in the dental profession and have spawned The Madow Brothers Audio Series and "Dental Powerhouse," two of the top distance learning programs in dentistry. They are international lecturers and known for their hilarious, spontaneous style and content packed programs.

Why is it Called Oral-Systemic Connection?

It's hard to avoid this topic today, with a steady stream of articles and opinion pieces focusing on the associations between oral health and systemic health. Despite links between periodontitis, diabetes and cardiovascular diseases, the dental profession has difficulty convincing other health professionals and the public of the importance of these connections.

It is a start to associate the mouth to the rest of the body. A new organization was recently formed called the American Society for Oral Systemic Health. But are we perpetuating the separation of the mouth and the rest of the body by suggesting that oral health and systemic health are still two different things? Oral health is in fact systemic health.

Two professors at the University of Manitoba in Winnipeg, Canada, suggest the terminology should be changed, to ensure that oral health is recognized as part of systemic health and not a separate entity. They suggest using the terms "oral health" and "overall health" or even "oral" and "non-oral" health rather than "oral-systemic," which unintentionally separates the mouth from the rest of the body. As an example, they suggest a physician wouldn't discuss diabetes, an endocrine disease of the pancreas, by referring to the patient's pancreatic and systemic health. Since the mouth is part of the body, oral diseases with an impact on other parts of the body are in fact systemic diseases and not oral conditions with systemic influence.

Clinical Implications: Choose your words wisely when discussing oral health and overall health with patients and medical colleagues, to avoid reinforcing the separation rather than a whole-body view. ■

Nogueira-Filho, G., Tenenbaum, H.: So Why Do We Call It the Oral-Systemic Health Connection? J Can Dent Assoc 77: B36, 2011.

Perio Reports Vol. 24, No. 1

Perio Reports provides easy-to-read research summaries on topics of specific interest to clinicians. Perio Reports research summaries will be included in each issue to keep you on the cutting edge of dental hygiene science.

Diabetes and Dentistry

Diabetes mellitus (DM) is a relatively common metabolic disorder affecting approximately 10 percent, or 20 million Americans, with the incidence increasing. DM is a bi-directional disorder, affecting oral health and oral health affecting DM.

Three primary types of DM are Type 1, Type 2 and gestational DM. Type 1 accounts for 10 percent and Type 2, 85-90 percent. Gestational DM occurs during pregnancy and in most cases resolves after childbirth.

Type 1 DM is generally diagnosed in childhood. Insulin deficiency is caused by autoimmune destruction of pancreatic beta cells. Onset and diagnosis occur rapidly, as symptoms of dehydration from hyperglycemia and ketoacidosis can lead to coma and death. Those with Type 1 DM require daily insulin injections. The body type for Type 1 DM is lean.

Type 2 DM was considered an adult disease, being diagnosed in overweight and obese adults over age 40. These traditional criteria are becoming blurred as more overweight young adults and children are being diagnosed. Insulin resistance precedes diagnosis of Type 2 DM. A confirmed diagnosis includes a defect in both the action and secretion of insulin. Diagnosis might be delayed for many years, until complications of DM are recognized. Type 2 DM is often controlled with diet and in some cases, oral medications.

Gestational DM may be a predictor of DM later in life, as 50 percent of those with gestational DM remain at risk of developing Type 2 DM later in life. Diagnosis of gestational DM provides an opportunity to initiate prevention strategies early.

Clinical Implications: Clinicians deal with the oral implications of DM now, and can also look for early signs of DM with simple screening tools. ■

Kidambi, S., Patel, S.: Diabetes Mellitus Considerations for Dentistry. J AM Dent Assoc 139: Suppl 5, 8S-18S, 2008.

Inflammation – the Link Between Perio and Diabetes

Type 2 DM is a broad activation of the innate immune response, causing chronic low-grade inflammation throughout the body. Type 2 DM is commonly seen in overweight and obese people who have elevated levels of circulating fatty acids that inhibit glucose uptake, glycogen synthesis and glycolysis. This triggers the innate immune response. Often, insulin resistance is countered by an increase in insulin production. However, in 30 percent of Type 2 DM cases, pancreatic cells are reduced by programmed cell death called apoptosis, leading to inadequate insulin production.

Cytokines are released by white blood cells in the periodontal tissues in response to subgingival bacteria. These cytokines eventually make their way into the blood stream and to distant organs and tissues. Cytokines circulating in the blood stream activate an acute phase response with a cascade of immune responses.

The risk for periodontitis in those with DM is two- to five-times higher compared to those without DM. Changes in the blood vessels in those with DM influence the initiation and progression of gingivitis and periodontitis. Both DM and periodontal disease experience cytokine-induced acute phase immune response reactions. Compromised immune response leads to both progression of periodontal disease and reduced metabolic control in DM.

Some, but not all clinical trials demonstrate improved glycemic control following periodontal therapy. Study outcomes are similar for both oral diabetes drugs and periodontal treatment when measuring glycemic control.

Clinical Implications: Active periodontal therapy, as well as maintenance care is important for both oral health and overall health. Dentists and hygienists provide valuable care for those with both periodontitis and DM. ■

Tunes, R., Foss-Freitas, M., Nogueira-Filho, G.: Impact of Periodontitis on the Diabetes-Related Inflammatory Status. J Can Dent Assoc 76: 1-7, 2010.

Oral Health and Diabetes Mellitus

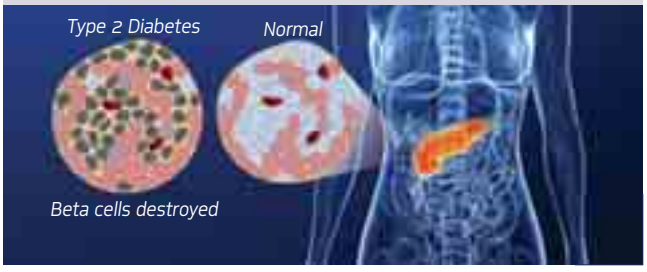
Periodontitis is a well-documented complication of diabetes mellitus (DM) and periodontitis might increase the risk of poor metabolic control. The subgingival microflora associated with periodontitis does not differ between those with and without DM, but those with DM have an exaggerated inflammatory response. In 1993, Dr. Löe proposed that periodontitis be considered the sixth complication of DM. The first five are: retinopathy, nephropathy, neuropathy, macrovascular disease and poor wound healing.

Those with DM have excess glucose in the blood due to a deficiency of insulin secretion or an increased cellular resistance to insulin actions. This leads to a variety of abnormalities involving fats, carbohydrates and proteins. One pathologic mechanism associated with excess glucose leads to the formation of advanced glycation end-products (AGEs). AGEs bind to receptor sites (RAGEs) on endothelial cells of the blood vessel walls and monocytes. These mechanisms are linked to the five identified complications of DM. This might also explain the link to periodontitis.

Periodontal inflammation dumps a variety of cytokines into the blood stream from oral tissues that travel to other areas and tissues of the body. These cytokines trigger an overall systemic immune response and antagonize insulin. In some cases, periodontitis is the first sign of DM. Thirty percent of those with Type 2 DM have yet to be diagnosed. Dentists and dental hygienists play an important role in the recognition of the early signs and symptoms of DM, often evident as periodontitis and poor healing following treatment.

Clinical Implications: Dentists and dental hygienists providing prevention and periodontal therapy will impact both the oral health and the general health of those with DM. ■

Lamster, I., Lalla, E., Borgnakke, W., Taylor, G.: The Relationship Between Oral Health and Diabetes Mellitus. J Am Dent Assoc 139: Suppl 5, 19S-24S, 2008.



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Diabetes Part of Multiple Risk Factor Syndrome

Periodontal disease is the sixth-most-common complication of diabetes. The primary cause of death for those with diabetes is cardiovascular disease with risk being three-times higher in people with Type 2 diabetes mellitus (DM). A recent study showed a one percent increase in hemoglobin A1c (HbA1c) level associated with an 18 percent increased risk of cardiovascular disease.

This case report follows the diagnosis and treatment of a 62-year-old Japanese woman presenting with severe periodontitis and diabetes. She was diagnosed 10 years earlier with DM, was receiving daily insulin injections and had no other complications of diabetes besides periodontitis. She was also a smoker and took oral medications for high blood pressure and high cholesterol.

Clinically, several teeth were missing, anterior teeth were flared and severe bone loss was evident around some teeth with severe mobility. Plaque and calculus levels were high throughout the mouth. Periodontal treatment was provided including surgery and oral hygiene instructions. Following treatment her HbA1c level, cholesterol levels and blood pressure improved. The patient was then followed and remained stable for four years while receiving periodontal maintenance therapy. She then developed myocardial infarction. During this time she showed continuous deterioration of her HbA1c level and also increased periodontitis. Following coronary bypass surgery and re-establishment of periodontal maintenance therapy, systemic markers improved. The long-term clustering of these risk factors is associated with development of heart problems.

Clinical Implications: Dental and medical clinicians will provide coordinated treatments for general health and periodontal health in the management of patients with multiple risk factor syndrome. ■

Shimoe, M, Yamamoto, T., Iwamoto, Y., Shiomi, N., Maeda, H., Nishimura, F., Takashib, S.: Chronic Periodontitis with Multiple Risk Factor Syndrome: A Case Report. J Int Acad Periodontol 13: 40-47, 2011.

Awareness of Diabetes' Impact on Other Diseases

The incidence of diabetes is on the rise worldwide. Chronic systemic manifestations of diabetes are primarily seen in the vascular system, with specific issues related to the microvasculature including retinopathy, nephropathy and neuropathy. Oral complications of diabetes include gingivitis, periodontitis, xerostomia and consequently, caries. Diabetes is bi-directional, with uncontrolled diabetes leading to periodontitis and severe periodontitis impacting glycemic control.

A researcher at the University of Sharjah in the United Arab Emirates, used a written questionnaire to evaluate the attitudes and awareness of patients with diabetes. The 200 subjects were seeking care at the largest diabetic clinic in Benghazi, Libya. The questions related to oral health and oral care.

The majority of subjects, 71 percent, had Type 2 diabetes, with 18 percent reporting Type 1 and 11 percent unsure which type they had. Subjects ranged in age from 17 to 78 years and had diabetes from one week to 40 years.

Dry mouth was experienced by 84 percent of the group. Smokers accounted for 42 percent of the group. The majority had teeth, but 31 percent were edentulous with only 44 percent of them wearing full dentures. Only 17 percent brushed twice daily and only 12 percent reported daily flossing. The dentist was the primary source of information about oral complications of diabetes and oral care. Those reporting oral infections also had high glycemic control scores. Less than 50 percent were aware that dental diseases are complications of diabetes.

Clinical Implications: Education is needed from both dental and medical professionals addressing the oral complications associated with diabetes and the importance of good oral hygiene and regular dental care. ■

Eldarrat, A.: Awareness and Attitude of Diabetic Patients about Their Increased Risk for Oral Diseases. Oral Health Prev Dent 9: 235-241, 2011.

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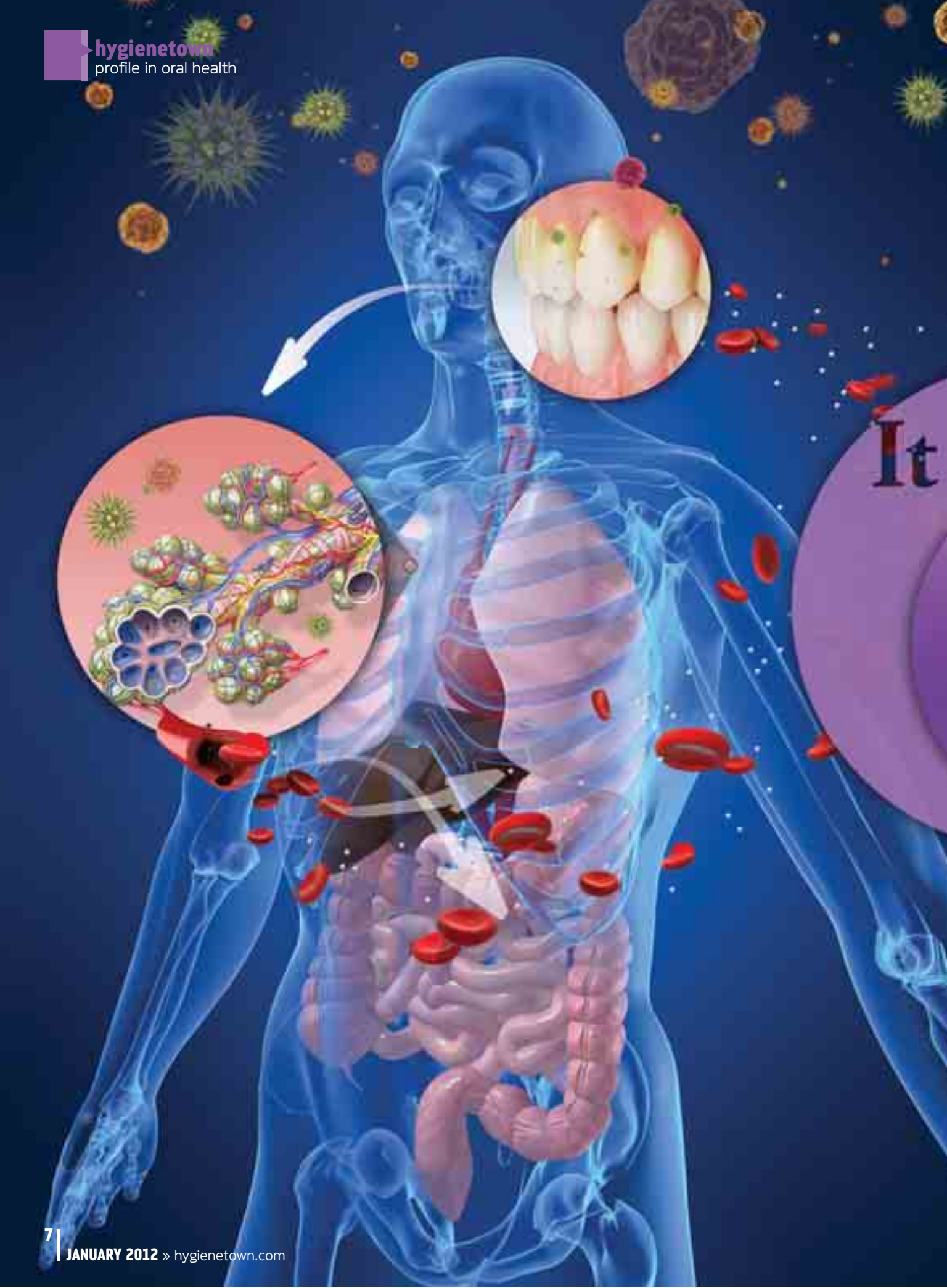
It

is All Related

by Sarah Cottingham, RDH, BS

Why don't we just get up on our soapboxes and scream at the top of our lungs, "It is all related!" For years, as a profession we have dabbled in the concept of the oral systemic relationships between the oral inflammatory processes that we have all worked with for decades and the systemic inflammatory processes.

It is an exciting time in the field of dentistry right now. We are motivated about the future of dentistry and dental hygiene, and we have the ability to really make a mark in the history books! However, if we continue to allow others to educate patients about the oral systemic links, and we take a step back, we're going to get left behind. There are professions now making the connections faster and with more excitement than we have been.

Recently I had the opportunity to have a detailed conversation with an RN who was working with students, as well as within an ICU unit. She indicated she had been working with a group of CNNs, LPNs and PAs who were attempting to get more information about how to be preventive in regard to the respiratory illness that seem to be paramount with patients with NG tubes or intubated patients. If there is a tube down someone's throat for any period of time, the likelihood that it will immediately begin to form a biofilm is high. This biofilm, which is not regularly removed, is then aspirated down into the lungs of the patient, who can then develop a respiratory illness on top of the original situation that hospitalized he or she in the first place. These professionals were discussing the options to reduce this occurrence – including products containing xylitol, controlling bacterial loads within the patient's oral cavity and repopulating good bacteria.

The RN was appalled by what she found when she researched all of this information. Neither her dentist nor her hygienist had ever mentioned all of the links before. Learning that these preventive measures had been around for years, she asked me what the dental profession is now doing with the information.

There is quite a bit of information about the oral-systemic connection present in everyday media. However, much of the information is not from dentists or hygienists. What is this saying about our profession and the stand that we are taking about educating the public about this important topic?

At the joint ADA/AMA conference in February 2006, it was stated that "oral health conditions and other health conditions are more closely related than many may once have thought, and viewing them as separate matters no longer makes sense." At this point as a profession, we needed to band together and take collective action. But still professionals are not becoming educated on the link between the mouth and body. If it's just a matter of not knowing where to look, check out some of the articles cited in the sidebar.

How many times have you had an appointment with a patient and asked if he or she has had any changes in medical history? Most the time you get the answer that it's the same. And sometimes you find out later that the patient has recently had stents placed, a joint replacement or even a mild heart attack. Unfortunately, most of the time that this happens, it is because we asked the question in an ambiguous way, which leads to ambiguous

Oral Health has Connections To:

Diabetes	Low birth weight in babies	Kidney disease	Rheumatoid arthritis
Insulin sensitivity[1]	Respiratory infection	Implant failures	Osteoporosis[3]
Cardiovascular disease	Pneumonia	Head and neck cancer	Alzheimer's disease
Atherosclerosis[2]	COPD	Pancreatic cancer	Preeclampsia[4]

1. *Abstract, Journal of Periodontology, Posted online on November 16, 2011. (doi:10.1902/jop.2011.110349)*
2. *Abstract, Journal of Periodontology, Posted online on November 7, 2011. (doi:10.1902/jop.2011.110412)*
3. *http://www.perio.org/consumer/mbc.osteoporosis.htm*
4. *Abstract, Journal of Periodontology,2011, Vol. 82, No. 12, Pages 1685-1692 , DOI 10.1902/ jop.2011.110035 (doi:10.1902/jop.2011.110035)*

continued on page 9

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answers. We have trained the patient to participate in this.

Many times when speaking with groups of hygienists I hear comments like "well, once they start talking then I will not have time to clean their teeth," or "they never really know the names of the medications so I just do my best." The truth is, I agree with them. This is what they are faced with every day. But we have an opportunity to handle the situation gracefully. If we educate patients about the importance of complete and accurate information, it can ultimately lead to a healthier patient. And getting them to think about the connections between their medical history and their oral health is the first step in educating the public!

There are mountains of information available to us. So how can we educate our profession, our teams, other professions and our patients about the mouth-body connection in a bold way? It's simple – just start talking about it! Start the conversation.

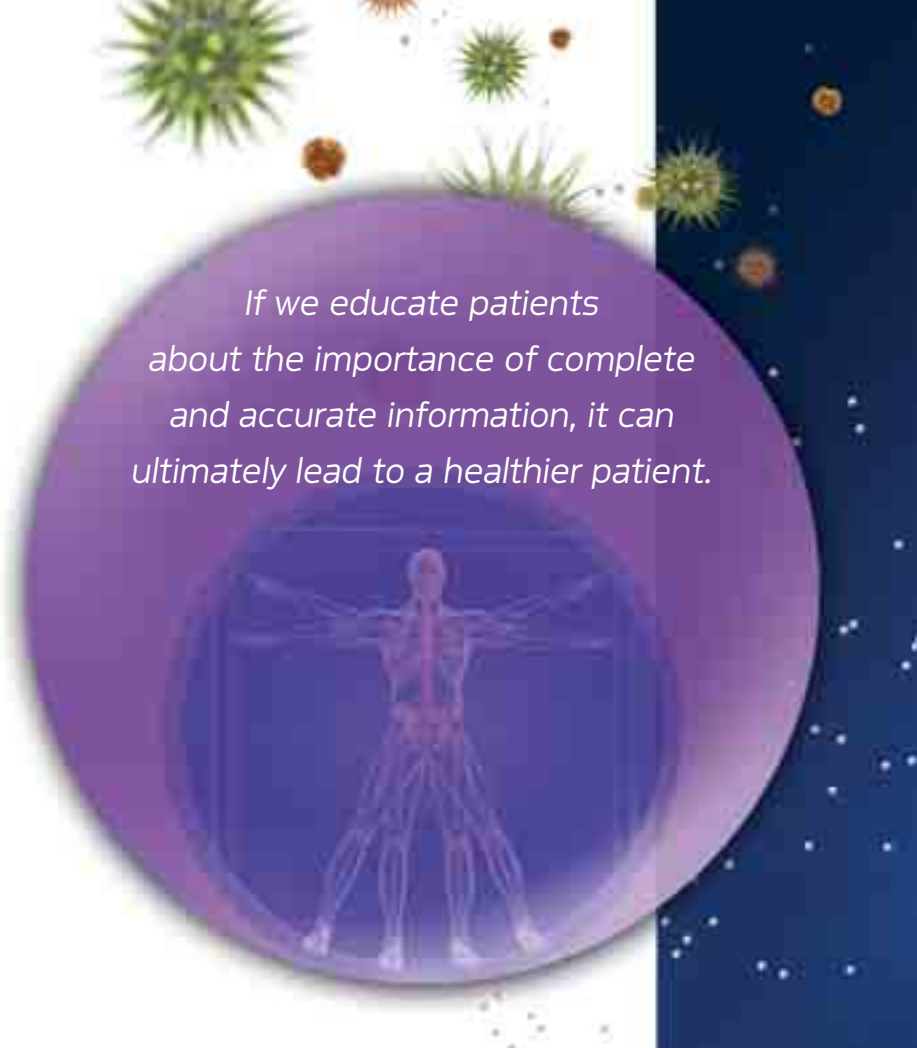
First, we must educate ourselves by reading the latest research materials and creating an understanding for the inflammatory process and why it is so destructive. Take the time to read up on the information available at your fingertips.

Companies like Heart Healthy Dentistry and OralDNA Lab make chairside tests for many conditions, including:

- CRP (C-reactive protein) test
- Diabetes risk assessment screening
- Perio-pathogenic bacteria salivary test
- Periodontal disease genetic susceptibility
- Oral HPV virus screening
- Complete perio metabolic profile

When we arm ourselves with a person's health information, we can make stronger recommendations for follow-up visits with their primary medical provider of choice and have intelligent conversations on their behalf about what we see. This moves our simple conversations about health and wellness into referral for evaluation.

What if after patients entered your office, after they sign in but before they are called to the back, they are informed about the mouth-body connection? You could have multiple avenues for this because technology is abundant. Even a simple note that says, "See the latest updates about the mouth-body connection while we prepare for your visit" would get them thinking.

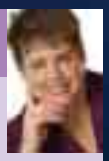


If we educate patients about the importance of complete and accurate information, it can ultimately lead to a healthier patient.

Even more inventive would be to create your own nicely done educational materials (or purchase any of the well-done materials available from many companies) and have them readily available for viewing in the reception area. The options are never ending in the arena of educating patients.

Once we have educated ourselves to understand the process, the testing available, the correlations and the overall details, we must create partnerships with the other medical specialties to create a "wellness" model for referral! What a concept, a disease-preventive model instead of a disease-treatment model. What an exciting time to be in the profession. Are you ready for the ride? ■

Author's Bio



Sarah Cottingham, RDH, BS, graduated from Northern Arizona University in 1991. Her passion for helping people achieve optimum wellness has led her down a path of continuing education, including the use of the perioscope and lasers. She now shares her skills and expertise as a writer, speaker and practice consultant in BSC Leadership, LLC. To contact Sarah, e-mail sarah@bcsleadership.com or visit BSC Leadership's Web site at www.bcsleadership.com.

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"Oral-Systemic Periodontal Therapy" – A Case Study

Despite scaling, root planing and good oral hygiene, some patients still have bleeding and inflammation, perhaps a sign of poor health beyond the mouth.

periopeak
member since: 4.1.06
posts: 1 & 2/5

The time has come for the "Oral-Systemic Periodontal Therapist." Interdisciplinary approach in perio is very exciting stuff. I feel hygienists are poised to be on the front lines of preventive and proactive oral systemic health issues. This week I had the privilege of teaching two hygienists my "oral-systemic comprehensive periodontal therapy" approach live. One of whom actually came in to watch and learn on the patient she referred to me. I can see the need for our profession to learn this; it's coming. We will need protocols, education, interdisciplinary strategies, etc. to deal with it all.

Perio diseases are complex and multifactorial. They also have bi-directional properties with regard to systemic health. My protocol is constantly evolving with new information (it's dynamic).


Fig. 1


Fig. 2


Fig. 3


Fig. 4


Fig. 5

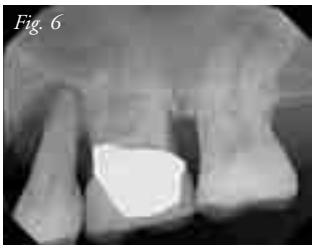
Fig. 6

This case: female, early 50s, non-smoker, no meds, blood pressure 112/60, thyroid WNL, body mass index high at 29 percent, all lipids WNL, CBC WNL, Hba1c was normal at under 6, but her fasting glucose was 110 (high). Not taking hormones, urine WNL and vitamin D and B12 WNL. She has not yet had an insulin-resistance test. Family history negative for perio, CVD, diabetes, etc. Patient claims to have a good diet and takes supplements. Stress is an issue. OralDNA Labs tests taken: PST (myperioID) and pathogens (myperiopath). Should have results next week.

Diagnosis: chronic advanced generalized periodontitis (4-10mm with BOP most areas, generalized Class I and II furcas, localized 1 and 2 mobility and generalized moderate loss of attached gingiva). She has a history of periodontal surgery, tissue grafting, SRP many times and periodontal maintenance every three months. Oral hygiene is good with use of an oral irrigator and a sonic toothbrush.

So in looking at "etiology" for her chronic perio, I do not have all the facts in yet, but it will be interesting to discover things as we proceed. It's a process. Why does she continue to have chronic disease?

[Posted: 7/13/2011]

The periopath test came back: Treponema denticola is high and very strong association with PD. Invasive in cooperation with other bacteria. Capnocytophaga species (gingavalis, ochracea, sputigena) is high and some association with PD.

At this point she will need amox/metro combination AB's. ■


Fig. 7

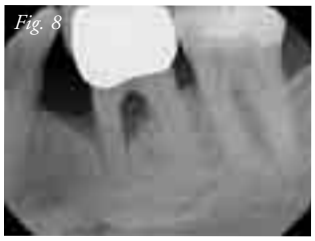
Fig. 8


Fig. 9

JUL 13 2011

Find it online at: www.hygienetown.com
search Oral Systemic Case ▶

Surrounded By the Top Minds in Medicine Discussing Oral-Systemic Health

Discussions are underway between dental and medical professionals that will lead to comprehensive, whole-body care.

Hygienetown.com > Message Boards > Oral-Systemic > Oral-Systemic Health

periopeak
member since: 4.1.2006
post: 1/20

Wow! I just attended the best two-day course I have ever taken in my 21 years in practice – the Bale/Doneen preceptorship for the prevention of cardiovascular disease, stroke and diabetes. The room was filled with some of the top minds in medicine... cardiologists, vascular surgeons, endocrinologists, physicians, and of course, a few of us eager-to-learn dental professionals, as well as Dr. Tom Nabors, the creator of OralDNA Labs. What a surreal experience. We all realized how groundbreaking this meeting was.

These medical professionals are very excited about the potential for integrative medicine through more definitive diagnosis and treatment of perio and other oral diseases. It was so refreshing and exciting to be in the same room with pioneers who all want the same thing – optimal health for the patient, which can only be achieved by addressing etiology more definitively and proactively in the host. Yes, this includes perio in a big way.

The oral/perio connection has now officially been bridged. We are working together with these medical professionals on cases to achieve health. I have already referred four patients in one week. It's so exciting to be following through with this important interdisciplinary approach. I am rethinking the business model for perio therapy/systemic health. We are looking into actually creating one facility to offer optimal oral-systemic health care – perio therapists with the Bale/Doneen method through nurse practitioners and physicians. Yes, this feels right! ■

MAR 4 2011

shazammer1
member since: 12.20.2006
post: 2/20

On a much smaller scale, the local dental association is offering an all-day "Oral Manifestations of General Medical Conditions." Our speakers will be an orthopedic surgeon, a speaker on biophosphonates, diabetes, hypertension, office emergencies and a cardiology review. I am not sure how this will all happen in one day, but I signed up. ■

MAR 4 2011

bradleybale
member since: 3.6.2011
post: 3/20

Amy Doneen and I were thrilled to have dental professionals at our last course on heart attack and stroke prevention. Your profession was well represented by individuals like Ms. Carroll. There was a lot of wonderful interaction with stimulating comments and questions from your peers. We learned a lot and are excited to continue opening our door to you at our courses. The work you do is critical for the prevention of heart attacks and strokes. We thank you for all you do to prevent these devastating events. The oral-systemic connection with arterial disease is extremely important and is long overdue for proper recognition and courses which combine the two professions of medicine and dentistry. ■

MAR 6 2011

KimMcLarenRDH
member since: 10.29.2010
Post: 4/20

Bravo and hooray! It's beyond time for health-care professionals to provide interdisciplinary, comprehensive patient care.

Patients are neither just a mouth with periodontal disease waiting to lose teeth, nor are they just a cardiovascular system looking for a place to suffer arrhythmias, a myocardial infarction, stroke or TIA, nor are they just a bag of glands excreting hormones waiting to be insulin resistant! Patients are whole beings with inter-related systems that have an enormous impact on the correct functioning of each other and the homeostasis of the entire mind and body.

A case in point is my late step-father, who died from Parkinson's-related complications. In his last 18 months he was in assisted living, where he received, sadly, little to no oral care. During that time, he suffered aspiration pneumonia and had to be placed on a ventilator. We were told that an outcome of the strain on his respiratory system was that he had cardiac arrhythmias. I have to look back and ask myself now how much of the pulmonary infection was caused by the food he aspirated, and how much was caused by the burden of oral bacteria he also aspirated? Also, what was the nature of the impact his uncontrolled oral infection had on his cardiac arrhythmia?

I see a clear path I must follow as a health-care practitioner; I want to work with like-minded individuals in the fields of cardiology, pulmonology, endocrinology and so on, to coordinate health care for my patient as a whole, not just "clean" my patient's teeth. You can count on me seeking counsel from the Bale/Doneen method, Brad and Amy, and working to find ways to incorporate your knowledge into my practice with my dental patients. ■

MAR 7 2011

JERSEY DEVIL
member since: 11.4.2005
Post: 11/20

Great responses from all, and it's about time that oral bacteria is recognized as the detriment it can be to the whole body.

After the diagnosis of septic shock, they were very concerned with the right side of my mother's heart. After a catheterization they found it was not her heart, but pulmonary hypertension that was causing her heart to malfunction, which was causing her kidneys not to function. She is home and slowly getting as well as she will ever get.

She had active perio years ago, but it was under control. Then she was diagnosed with cancer and her perio acted up again. She went back to the periodontist who scaled and scaled and still she had spontaneous bleeding. The cancer continued to pop up in different places. When I mentioned her perio to her docs they continued to talk right over me. Never once did they even consider the periodontal pathogens that were surging through her body. ■

MAR 8 2011

zellie
member since: 7.22.2008
Post: 14/20

The Bale/Doneen conference was extraordinary and Tom Nabors did a superb job of putting forward the facts – clear and simple testing methods that are going to prove what treatments work and which ones do not!

I never thought I would see this happen in my lifetime and I am thrilled to see the enthusiasm from all sides. What is important is that hygienists realize the AAOSH (American Academy for Oral-Systemic Health) is open to any and all health-care professionals. At least go to the Web site and sign up for the AAOSH newsletter – it is free and open for anyone – even non-members!

There is so much we can do, but the biggest job is teaching others in our profession and patients about the importance of oral-systemic health. Then we must prove the worth and find great protocols to recommend, not just promote our ideas or opinions about products that sometimes work but often don't. ■

MAR 11 2011

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search Oral-Systemic Health ▶

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