

TALKING POINTS:

Whole Body Health Requires Oral Health



THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

WWW.CDHA.CA



Respiratory System (Lungs) ^{1,2,3}

- » The surfaces in the mouth and throat, including the teeth, can harbour bacteria. These bacteria can be inhaled into the lungs where they may contribute to respiratory infections. This phenomenon has been observed in certain populations such as institutionalized frail elders.



Reproductive System (Pregnancy) ^{8,9,10}

- » Preventive dental hygiene care and a proper oral hygiene regimen at home are safe during pregnancy, and may improve maternal oral health.
- » Research suggests that, in some populations, pregnant women who have gum disease may be at greater risk for certain pregnancy complications, such as preterm birth; however, further research is needed.



Endocrine System (Diabetes) ^{4,5,6}

- » Periodontitis (a type of gum disease) is a common chronic condition involving an infection of the gums that surround and support the teeth. It can worsen over time if left untreated, and may increase the risk of developing diabetes mellitus.
- » Research suggests that gum disease contributes to inflammation in the body, making clients with diabetes more resistant to insulin. Research also suggests that treating gum disease in people with diabetes may assist in lowering blood sugar levels (a small improvement).



Growth & Development ^{11,12}

- » Overall growth and development may be affected by conditions of the oral cavity. For example, cleft lip and palate disorders in infants may cause difficulty feeding, breathing, speaking, and swallowing, and may increase susceptibility for repeated respiratory infections.



Side Effects of Some Therapies ^{13,14}

- » Radiation and chemotherapy may cause oral complications such as oral mucositis (mouth ulcers and inflammation).
- » Many medications prescribed for the treatment of chronic diseases may cause oral dryness; some drugs used to treat heart disease and seizures can cause the overgrowth of the gums. For a detailed description of medication-related oral implications, refer to: www.cdha.ca/e-cps



Cardiovascular System (Heart & Blood Vessels) ⁷

- » Evidence shows that there may be a link between chronic gum disease and cardiovascular disease (heart and blood vessel disease). Research suggests that the treatment for gum disease, which reduces bacteria levels and infection and controls inflammation, may play a role in the prevention of heart disease; however, more research is needed to better understand this association.

References

1. van der Maarel-Wierink CD, Vanobbergen JN, Bronkhorst EM, Schols JM, de Baat C. Oral health care and aspiration pneumonia in frail older people: a systematic literature review. *Gerodontology*. 2013 Mar;30(1):3-9.
2. Linden GJ, Herzberg MC, Working Group of the Joint EFP/AAP Workshop. Periodontitis and systemic diseases: a record of discussions of working group 4 of the Joint EFP/AAP Workshop on Periodontitis and Systemic Diseases. *J Periodontol*. 2013;84(4 Suppl.):S20-S23.
3. Scannapieco FA, Shay K. Oral health disparities in older adults: Oral bacteria, inflammation, and aspiration pneumonia. *Dent Clin N Am*. 2014;58(4): 771-82.
4. Corbella S, Francetti L, Taschieri S, De Siena F, Del Fabbro M. Effect of periodontal treatment on glycemic control of patients with diabetes: a systematic review and meta-analysis. *J Diabetes Investig*. 2013 Sep 13;4(5):502-9.
5. Sgolastra F, Severino M, Pietropaoli D, Gatto R, Monaco A. Effectiveness of periodontal treatment to improve metabolic control in patients with chronic periodontitis and type 2 diabetes: a meta-analysis of randomized clinical trials. *J Periodontol*. 2013;84(7):958-73.
6. Borgnakke WS, Yfostalo PV, Taylor GW, Genco RJ. Effect of periodontal disease on diabetes: systematic review of epidemiologic observational evidence. *J Clin Periodontol*. 2013; 40(Suppl. 14): S135-S152.
7. Li C, Lv Z, Shi Z, Zhu Y, Wu Y, Li L, Theozor-Ejiofor Z. Periodontal therapy for the management of cardiovascular disease in patients with chronic periodontitis. *Cochrane Database Syst Rev*. 2014 Aug 15;8:CD009197.
8. Oral Health Care During Pregnancy Expert Workgroup. Oral health care during pregnancy: a national consensus statement—summary of an expert workshop meeting. Washington, DC: National Maternal and Child Oral Health Resource Center; 2012.
9. Kim AJ, Lo AJ, Pullin DA, Thornton-Johnson DS, Karimbux NY. Scaling and root planing treatment for periodontitis to reduce preterm birth and low birth weight: a systematic review and meta-analysis of randomized controlled trials. *J Periodontol*. 2012;83(12):1508-19.
10. Polyzos NP, Polyzos IP, Zavos A, Valachis A, Mauri D, Papanikolaou EG, et al. Obstetric outcomes after treatment of periodontal disease during pregnancy: systematic review and meta-analysis. *BMJ*. 2010;341:c7017.
11. American Academy of Otolaryngology — Head and Neck Surgery. Cleft lip and cleft palate [internet]. 2011 [cited 2015 Feb 18]. Available from: www.entnet.org/content/cleft-lip-and-cleft-palate
12. Wilkins E. Clinical practice of the dental hygienist. 11th ed. Philadelphia: Lippincott, Williams & Wilkins; 2013.
13. Lalla RV, Saunders DP, Peterson DE. Chemotherapy or radiation-induced oral mucositis. *Clinical Approaches to Oral Mucosal Disorders: Part II* [special issue]. *Dent Clin N Am*. 2014;58(2):341-9.
14. Canadian Pharmacists Association. Compendium of Pharmaceuticals and specialties [online version, e-CPS]. Ottawa: CPhA; 2015.