AHIP

Dental Health and Overall Health — Understanding the Connection

ISSUE BRIEF

DECEMBER 2016

KEY TAKEAWAYS









Untreated periodontal disease is linked to, among other chronic conditions, poor cardiovascular health.

There appears to be a bi-directional relationship between periodontitis and some systemic health conditions driven by the body's immune response to increased inflammation.

Studies suggest that proper management and treatment of periodontal disease has the potential to decrease medical costs and reduce hospital admissions related to chronic systemic diseases.

Dental care is integral to whole-person health and dental insurance helps provide that benefit.

Background

Periodontal diseases are among the most common diseases in humans¹. The most prevalent form of periodontal disease is gingivitis, which is caused by bacteria in dental plaque, characterized by inflammation of the gums, and is reversible with good oral hygiene.² Periodontitis occurs when disease progresses and the gums pull away from the tooth, creating a space between the gum and tooth where bacteria can fester, multiply, and cause destruction of the gums, periodontal ligaments, and bone supporting the teeth. Treating periodontitis requires professional care. Observational studies continue to find potential associations between periodontitis and several systemic health conditions.³

One result of untreated periodontitis is increased inflammation and inflammatory products elsewhere in the body. This inflammation may adversely impact individuals managing conditions such as coronary artery disease (CAD)^{4, 5}, cerebral vascular disease (CVD)^{6, 7, 8} and type 2 diabetes (T2D)^{9, 10}. Some researchers¹¹ hypothesize that gum disease develops first and may promote heart disease through chronic infection and bacteria in the circulatory system, while others point out that atherosclerosis can begin in childhood and progress over many decades and may be worsened by the presence of inflammatory components from periodontal disease.¹²

The Link Between Periodontitis and Systemic Health Issues

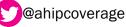
Multiple literature reviews provide a welldocumented association between the inflammatory and immune effects of periodontal disease and other systemic health conditions such as respiratory diseases, Alzheimer's, osteoporosis, psoriasis, rheumatoid arthritis and other conditions^{13, 14, 15}.

Additional studies suggest there is a potential association between periodontal inflammation and the incidence of certain cancers normally found in smokers. A large-scale study on a cohort of male health care professionals conclude that "periodontal disease was associated with a small, but significant, increase in overall cancer risk, which persisted in never-smokers.¹⁶" These findings encourage researchers to continue investigating other potential links between common systemic diseases and periodontitis.

Future Considerations and Cost Savings

Increasing attention to the spectrum of complications that can arise from untreated periodontal disease will further highlight the need for patients to maintain good oral hygiene, which includes seeing a dentist on a regular basis.

In a 2014 prospective cohort study, an analysis of insurance claims comparing medical costs and hospital admissions data found a significant reduction in total medical costs and reduced hospital admissions for patients with chronic diseases (CAD, CVD and T2D) who received treatment for periodontal disease.¹⁷ For example, the study cited the average annual cost of medical care for patients with T2D with untreated periodontal disease was \$7,056 and the costs associated with diabetics with treated periodontal disease was \$4,216. These figures equal a 40 percent savings and 40 percent fewer hospital admissions.^{18, 19}



An additional study conducted in 2014 estimated there is a potential for the health care system to save \$102.6 million dollars a year if dentists perform chronic disease screenings in their offices.^{20, 21} These results suggest potential clinical significance for assessing and treating periodontal disease in the overall management of systemic chronic conditions.

Both physicians and dentists should be aware of the associations and potential implications for treatment when observing periodontal diseases and other systemic conditions. Because periodontal disease and the aforementioned chronic conditions are so widespread in the U.S. population, proper diagnosis and treatment of periodontal diseases offers great potential for improving public health. It is important for the public and all health care providers to recognize and promote good oral health and preventive practices.

Regular dental checkups and strong referral relationships between physicians and dentists is important given the current understanding of the shared risks between oral and systemic diseases and conditions.

Good evidence exists that improved oral hygiene and frequent professional oral health care reduce the progression or occurrence of respiratory diseases among the high-risk elderly living in nursing homes, especially those in intensive care units.²²

Conclusion

Continued exploration and research into the potential links between oral and systemic health is worthy of the attention from health care providers and the public health community. Initial studies suggest there is a potential for reducing health care costs (lower hospital costs, reduced hospital admissions, overall health care system savings) from treating and preventing the progression of periodontal disease for patients with co-morbid chronic systemic health conditions.

Dental care is integral to whole-person health and dental insurance helps provide that benefit. There is an opportunity for oral health professionals to be part of an integrated health care team working to combat chronic diseases.²³ Oral health should not be viewed in a silo, and health care providers need to factor in oral health when treating patients with chronic systemic health conditions.



Related Topic



1 Mealey, B.L., & Rose L.F. (2008). Diabetes mellitus and inflammatory periodontal disease. Current Opinion in Endocrinology, Diabetes & Obesity, 15, 135-141.

2 This characterization of periodontitis as a result of untreated gingivitis comes from the American Academy of Periodontology

3 Tonetti M, and Kornman K.S. Periodontitis and systemic diseases: proceedings of a workshop jointly held by the European Federation of Periodontology and American Academy of Periodontology. Chicago IL: American Academy of Periodontology, 2013.

4 Beck, J.D., Offenbacher, S., Williams, R., Gibbs, P., Garcia, R. (1998). Periodontitis: a risk factor for coronary heart disease? Annals of Periodontology, 3(1), 127-141.

5 Schenkein, H.A., & Loos, B.G. (2013). Inflammatory mechanisms linking periodontal diseases to cardiovascular diseases. Journal of Periodontology, 84(4S), S51-69.

6 Beck, J.D., Offenbacher, S., Williams, R., Gibbs, P., Garcia, R. (1998). Periodontitis: a risk factor for coronary heart disease? Annals of Periodontology, 3(1), 127-141

7 Pradeep, A.R., Hadge, P., Arjun Raju, P., Shetty, S.R., Shareef, K., & Guruprasad, C.N. (2010). Periodontitis as a risk factor for cerebrovascular accident: a case-control study in the Indian population. Journal of Periodontal Research, 45(2), 223-228

8 Grau, A.J., Becher, H., Ziegler, C.M., Lichy, C., Buggle, F., Kaiser, C., ... Dörfer, C.E. (2004). Periodontal disease as a risk factor for ischemic stroke. Stroke, 35(2), 496-501.

9 Borgankke, W.S., Ylöstalo, P.Y., Taylor, G.W., Genco, R.J. (2013). Effect of periodontal disease on diabetes: systemic review of epidemiologic observational evidence. Journal of Clinical Periodontology 84(4S), S135-152.

10 Engebreston, S., & Kocher, T. (2013). Evidence that periodontal treatment improves diabetes outcomes: a systemic reveiew and metaanalysis. Journal of Periodontology, 84(4S), S153-169.

11 A new study published in the Journal of Epidemiology and Community Health found a correlation between inflammation caused by periodontitis and cardiovascular disease in a sample population of over 60k patients. 12 Lockhart, et.al. Periodontal Disease and Atherosclerosis. Circulation 2012; 125:2520-2544.

13 Linden GJ, Lyons A, Scannapieco FA. (2013). Periodontal systemic associations: review of the evidence. Journal of Periodontology. 2013 Apr;84(4 Suppl): S8-S19.

14 American Academy of Periodontology. Parameter on Systemic Conditions Affected by Periodontal Diseases. Journal of Periodontology, 71(5), 880-883.



15 Arogbede, A.O., Babatope, B.O., & Bamidele, M.K. (2012). Periodontitis and systemic disease: A literature review. *Journal of Indian Society of Periodontology*, *16*(*4*), 487-491.

16 Michaud, D., Liu, Y., Giovannucci, E., & Joshipura, K. (2008).
Periodontal disease, tooth loss, and cancer risk in male health professionals: a prospective cohort study. *Lancet Oncology*, 9, 550-558.
17 Jeffcoat, M.K., Jeffcoat, R.L., Gladowski, P.A., Bramson, J.B., & Blum, J.J. (2014). Impact of Periodontal Therapy on General Health Evidence from Insurance Data for Five Systemic Conditions. *American Journal of Preventive Medicine*, 47(2), 166-74.

18 Jeffcoat, M.K., Jeffcoat, R.L., Gladowski, P.A., Bramson, J.B., & Blum, J.J. (2014). Impact of Periodontal Therapy on General Health Evidence from Insurance Data for Five Systemic Conditions. *American Journal of Preventive Medicine*, *47*(*2*), 166-74

19 Levingston, S. (2016, October 1). Does gum disease have a link to cancer, dementia, stoke? *The Washington Post*, retrieved online from: https://www.washingtonpost.com/national/health-science/scientistssearch-for-link-between-gum-disease-and-cancer-dementiastroke/2016/09/30/bb966cba-7e9d-11e6-8d0cfb6c00c90481_story.html.

20 The study estimates that before labor costs were factored into their model and using an 83 percent referral completion rate, screenings for diabetes, hypocholesteremia and hypertension resulted in the attributed savings.

21 Nasseh, K., Greenberg, B., Vujicic, M., & Glick, M. (2014) The Effect of Chairside Chronic Disease Screenings by Oral Health Professionals on Health Care Costs. *American Journal of Public Health*, *104(4)*, 744-750. 22 Azarpazhooh, A., & Leake, J.L. (2006). Systematic review of the association between respiratory diseases and oral health. *Journal of Periodontology*, *77*(9), 1465-1482.

23 Nasseh, K., Greenberg, B., Vujicic, M., & Glick, M. (2014) The Effect of Chairside Chronic Disease Screenings by Oral Health Professionals on Health Care Costs. *American Journal of Public Health*, 104(4), 744-750.

