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## NEWSLETTER

### LINK BETWEEN GUM DISEASE AND HEART DISEASE

People with periodontal disease (gum disease) are at greater risk of developing heart disease, according to recent studies.

Periodontal disease is a serious bacterial disease that destroys the attachment fibres and supporting bone that holds teeth in place. As bacteria build up around teeth, classic signs of infection occur (redness, swelling and bleeding). Once infection occurs, the gums begin to separate from the teeth forming pockets. As the disease process continues, the pockets deepen and more supporting attachment fibres are lost until eventually the teeth fall out.

Approximately 20% of adults between 20 and 50 years of age, and 40% of adults over 50 years have periodontal disease.

In a recent study, researchers found significantly higher levels of bacterial toxins in the bloodstream of patients with severe periodontal disease. In another study, there was direct correlation between patients suffering heart attacks and those with periodontal gum disease. The researchers found that people with periodontal (gum) disease were almost twice as likely to suffer from coronary artery disease as those without periodontal disease.

Additional studies have pointed to a relationship between periodontal disease and stroke. In a study looking at possible links, people diagnosed with acute cerebrovascular ischemia (stroke) were more likely to have an oral infection than those in a control group.

If it has been more than six months since you have seen a dentist, you should contact your dentist to make an appointment for a routine examination.

### UPDATE ON BISPHOSPHONATES

Bisphosphonates are a class of drug commonly used in the treatment of osteoporosis, Paget's disease and cancers involving bone. Common brand names of these drugs include Fosamax, Alendro, Bonafos, Actonel, Bonafos, Didrocal, Didronel, Aredia, Pamisol and Zometa. All of these medications have the potential to affect dental treatment by interfering with bone healing resulting in a condition called "osteonecrosis of the jaw", literally meaning "bone death".

Osteonecrosis of the jaw may result in extreme pain, severe infections and deformation of the jaw.

Bone is a dynamic structure and is constantly being remodelled by bone forming cells (osteoblasts) and bone removing cells (osteoclasts). Bisphosphonates have the potential to disrupt these cells and affect bone healing. This may be particularly relevant for people undergoing:-

- Tooth extraction.
- Denture-related trauma.
- Chronic gum disease.
- Ill patients with compromised immune systems.

Bisphosphonates are generally given orally however they may be poorly absorbed by some patients. Patients requiring higher doses or who suffer side effects of the oral medication may receive injections of the drugs. The higher dose treatment means a potentially higher risk of complications with bone healing. It is important to tell your dentist if you have had bisphosphonates injected, even if it's only once a year.

Bisphosphonates have a very long half life (their effects last for a long time) so it is important to let your dentist know if you were on bisphosphonates in the past.

If an extraction is required we will discuss your case with your managing physician. It appears there may be a "window period" where most treatment can be performed with a reduced risk to the patient. Antibiotics and special mouth rinses may be required pre- and post-operatively.

Regular examinations to maintain all existing teeth, prevention of gum disease and denture maintenance to maintain the best possible fit are imperative in patients taking or about to commence bisphosphonate therapy.

## SALIVA

Saliva performs a variety of important roles within the oral cavity. The functions of saliva include:

- Lubrication for swallowing and speech.
- Assisting the sense of taste.
- Maintenance of tissue health through growth factors which promote healing.
- Assist in digestion.
- Dilution and clearing of material from the oral cavity.
- Buffering acids from dental plaque.
- Serving as a reservoir for ions for tooth remineralisation.
- Controlling the oral microflora through immunological, enzymic, peptide and chemical mediators.

Salivary dysfunction is a common problem. Dry mouth (Xerostomia) may be associated with a specific medical disorder, or more commonly medication use. Salivary dysfunction is particularly common in the elderly due to delayed metabolism and clearance of drugs by the liver and kidney respectively.

## COMMON CAUSES OF DRY MOUTH:

### Medications:

Many commonly prescribed medications have the potential to reduce salivary flow including;

Narcotic analgesics, anti-convulsants, anti-emetics, anti-nauseants, anti-Parkinsonian agents, anti-psychotics, diuretics, MAO inhibitors, anti-pruritics, anti-histamines, anti-hypertensives, anti-spasmodics, systemic bronchodilators, skeletal muscle relaxants, cardiac antiarrhythmics, anxiolytics, expectorants, decongestants, tranquillizers, sedatives, anti-neoplastic agents.

**Saliva Gland Pathology** following radiotherapy to the head and neck, Primary Sjogrens syndrome, connective tissue diseases including (rheumatoid arthritis, sarcoidosis, SLE, scleroderma, dermatomyositis, polymyositis and graft-vs-host disease in bone marrow transplant recipients.

**Dehydration** caused by inadequate fluid intake, physical activity, swimming, outdoor occupation, travelling, caffeine (cola drinks, coffee, tea etc), alcohol, polyuria in uncontrolled diabetes.

## SIGNS OF DRY MOUTH

### Hard Tissue Changes:

Increased rate of decay, dental erosion, sensitive teeth, failure to form calculus in the lower incisor region, increased plaque accumulation on the teeth.

### Soft Tissue Changes:

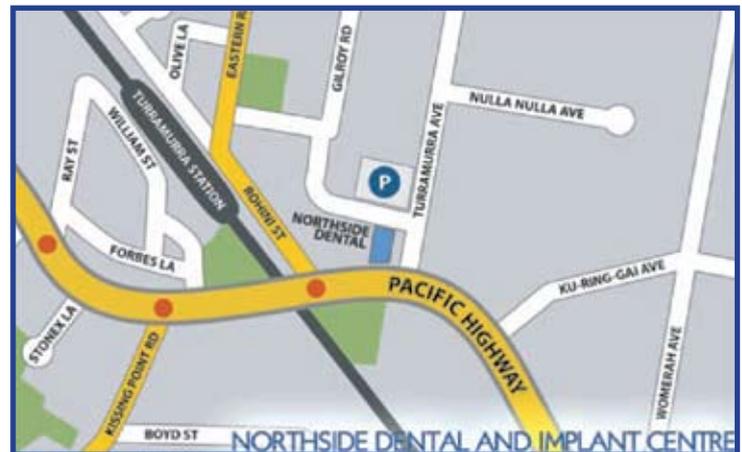
Dryness of the border of the lips, dryness of the oral mucosa, cratering on the tongue, increased plaque formation on the tongue, oral fungal infections, absence of saliva in response to gland palpation.

### Loose Dentures:

Lack of saliva will cause problems with denture stability.

## WHEELCHAIR ACCESS & HOIST TRANSFERS

With the introduction of a hoist to the practice, treatment for patients in a wheelchair has never been easier. Patients may now be easily transferred from a wheelchair into a dental chair to receive optimal dental care, without risk of injury to staff or carers.



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