PERIODONTAL DISEASE ADVICE

You have been given this advice sheet following your diagnosis today. The information is not exhaustive but aims to reiterate what has been said and to answer some of the more common questions patients have following their diagnosis. Please take some time to read the information and make a note of any questions you have which remain unanswered. Your dentist or hygienist will be happy to answer them at your next appointment. Remember it is no longer inevitable that teeth
will be lost following a diagnosis of periodontal disease so try not to panic. The most significant thing you can do to help the situation is to clean your teeth the way you have been shown and to keep the appointments that have been arranged for you.

So, you've been diagnosed with Periodontal Disease. What is it?

Periodontal Disease is an inflammatory disease. Inflammation is part of the body's natural defence mechanism and in your gums it occurs in response to a build-up of plaque (bacteria) on the teeth. In some patients, this natural inflammatory process is too severe or poorly controlled and the inflammation begins to damage the structures supporting the teeth, namely the gum and surrounding bone.

Who gets Periodontal Disease?

Approximately 10% of the population are severely affected by periodontal disease but it is thought that milder forms of the disease affect around 80% of people by the age of 60. The younger you are diagnosed,
the more likely it is that the disease will fall into a more severe category. There also appears to be some genetic link with periodontal disease with trends often running in families.

Does anything make it worse?

The single biggest risk factor for developing gum disease is poor oral hygiene. Allowing plaque to sit around your teeth and gums (particularly in between your teeth) for prolonged periods of time is what provokes the destructive inflammatory response.
Aside from genetics and poor oral hygiene, the next biggest risk factor is smoking. Smokers are four times more likely to develop gum disease and lose three times more teeth than non-smokers and they do not respond as well to treatment. If you are a smoker, then stopping or reducing will help.
Switching to an ecigarette has also shown to be a positive move in smokers with periodontal disease. Should you wish to stop smoking, the best people to speak to are your GP or practice nurse. We are also happy to offer advice. There are other conditions such as undiagnosed or poorly controlled diabetes, poor diet, obesity, and stress which can also play their part. If you have been diagnosed with periodontal disease it is recommended that you see your GP for a routine diabetes test.

Does Periodontal Disease cause bad breath?

Sometimes yes, particularly in untreated cases. Technically though, it is mature plaque (and stagnant food particles) which cause the odour rather than the inflammation in the gums. If plaque is not removed adequately and is allowed to mature it becomes a medium for anaerobic bacteria which releases a foul-smelling odour (similar to that of a sulphur compound) resulting in bad breath.

Can it be treated?
It is no longer considered inevitable that your teeth will be lost if you have Periodontal Disease. In most cases it can be treated successfully, however, we cannot cure it. Similar to other auto-immune diseases such as diabetes, there is no cure but by controlling the disease we can prevent further damage and allow you to keep your teeth for a very long time.

What can you do to help?
Your role in the management and stabilisation of your disease is crucial. The disease cannot and will not be controlled without your home care efforts. Imagine for a moment that you are running a bath. You pop downstairs and get distracted. Next minute water is pouring through your ceiling. You run upstairs and have a choice of doing two things: turning off the taps or starting to mop up the water.

Which one would you choose to do first? The truth is you'd need to do both to limit the damage but what would be the point of mopping up the water without turning off the taps? The same is true with periodontal disease. Unless you address the cause of the disease, treating the effect will have little or no impact.
We will show you techniques aimed at cleaning your teeth to a very high standard so that bacteria levels are below the level that triggers inflammation. This is different from one person to the next but without this change to your daily cleaning regime, our treatment cannot and will not be successful. Controlling the risk factors outlined above is also an important part of helping yourself control your disease.

What treatment will I need?
Once you are adequately controlling the daily plaque build-up, we will help by removing the deposits that you cannot remove which are attached firmly to the teeth. This can take time and you may need several treatment sessions over a period of weeks or months. This treatment will be carried out by our hygienist who is specifically trained in these techniques. It is impossible to know exactly how long it will take to stabilise the condition but the harder you work at home, the quicker improvements tend to happen. Occasionally, in more severe cases, further treatment may be required in the form of surgery and you would be referred to a Specialist in Periodontics if this were the case.

If it's about bacteria, why can't I just have antibiotics?
This is not an infection. It is inflammation and is the body's reaction to removable plaque bacteria. When the plaque is physically removed by you and by us, the inflammation will resolve and the disease will stabilise without the need for antibiotics. All that antibiotics would do is kill the bacteria whilst you were taking the medication. The mouth is the perfect dark, warm and nutrient rich breeding ground for bacteria. As soon as you stopped the course of antibiotics, the bacteria would return and the problem would restart.

What if I choose not have the treatment?
If the bone loss around the teeth is not controlled then teeth may become loose, the gums may shrink and teeth may be lost. In some cases teeth will become abscessed and may cause significant pain. There is also compelling evidence that untreated Periodontal Disease can have effects on general health and is closely linked to other diseases such as heart disease and Alzheimers.

Are there any side effects to treatment?
Think of the gums as skin on the inside. Similar to our skin on the outside which covers our bodies to protect the underlying tissues and is our first line of defence, so too are our gums. They are there to cover and protect the bone and tissues underneath them. In health the gums lay approximately 2 to 3mm over the underlying bone. When bone is destroyed during the disease process, the gum follows it. This isn't always obvious when there is lots of inflammation present but as the inflammation resolves it is likely that you will experience what appears to be gum 'shrinkage' In actual fact it is simply the gums returning to where they are supposed to be; just

above the bone and this should be seen as a sign of the gums returning to health. You may also experience some increased tooth sensitivity where the gum no longer covers as much of the tooth roots as it once did. These are unavoidable side effects and you must remember that failing to control the disease may result in tooth loss.

My dentist has always cleaned my teeth, why do I need to see a hygienist?
Dental Hygienists are specifically trained in the treatment and prevention of gum disease. This is their field of expertise. They are trained to very high standards and governed by the Standards of Conduct, Performance and Ethics set out by the General Dental Council for all dental professionals practicing in the UK.

We believe our hygienist is the best person at this practice to treat your gum disease.

We look forward to seeing you at your next appointment.