

## Oral-Systemic Link

**Dr. Yasser Khaled\***

*Assistant Professor, Department of General Dental Sciences, Oral Pathology, Oral Medicine and TMD/Orofacial Pain, Marquette University, Milwaukee, Wisconsin, USA*

**\*Corresponding Author:** Dr. Yasser Khaled, Assistant Professor, Department of General Dental Sciences, Oral Pathology, Oral Medicine and TMD/Orofacial Pain, Marquette University, Milwaukee, Wisconsin, USA.

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There are many published studies that indicate that a person's oral health has a significant impact on his or her overall health. Dental professionals frequently discuss these findings among themselves and with their patients. However, there's still an "oral-systemic gap" between dental and medical professionals, with very little collaboration to help their mutual patients achieve optimal health.

There is research indicating that periodontitis may be associated with several other health conditions such as heart disease, diabetes or stroke.

However, saying that two conditions are associated is not the same as saying that one causes the other.

For example, studies have shown that more people who have gum diseases have one of the conditions mentioned above than people without gum disease.

Well-designed clinical trials are needed to establish whether a cause-and-effect relationship exists and to determine if, or how, treating gum disease may affect overall health.

I have worked closely with physicians, dentists and hygienists for about 20 years. I have discovered that most medical school graduates don't know the impact of high-risk oral bacteria entering the bloodstream. These bacteria contribute to cardiovascular disease, dementia, preterm labor, pancreatic cancer, diabetes, and more.



### Building the bridge

- As a dentist, I am on a personal mission to urge all my dental colleagues to work closely with medical professionals. In my lectures and articles, one of my key talking points is: “Periodontal disease is a medical condition of the mouth that physicians cannot treat”.
- In my day-to-day practice, I’ve made simple changes such as updating my patient history questionnaire to include the question, “Do you see blood in the sink when you brush, floss your teeth, or see your hygienist?”
- If the patient answers yes, I strongly suggest that he or she have the problem addressed. If the patient does not have a regular dentist, I provide a list of recommended dentists with experience in treating periodontal disease, which of course would include local periodontists.

### What can dental professionals do?

- I believe every dental patient record should include the contact information for the patient’s primary care physician. For patients who do not have a regular physician, be prepared to provide a list of physicians who clearly understand the oral-systemic link.
- In the event that a patient presents even with just grade I periodontal disease, check his or her records for a personal or family history of medical conditions. Explain that periodontal disease can contribute to the development of systemic diseases, and make many existing conditions more difficult to treat.
- When you present the problem through the lens of it being a medical disease, and your patient understands the impact the health of his or her mouth can have on the risk of some devastating diseases, your patient may be more accepting of your treatment plan and more compliant with your hygienist’s home hygiene recommendations.
- Reach out to your local physician colleagues. Explain the connection and encourage them to ask the patient during visits whether he or she has followed up for the treatment of periodontal disease.
- If the answer is no, suggest they edify you by saying, “Periodontal disease is an infection that can spread to other parts of your body and contribute to many diseases. I want you to make an appointment with your dentist right away”.

### Conclusion

We’re all health professionals and should be treating the whole patient, not just our respective body parts. Together, we can maximize the prevention tenets of the Third Era of Healthcare, the era of empowering an intrinsically motivated individual to create his or her own health!

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