

"Floss following festive fowl," says Madoc's dental Ben

Gum Disease

The most common disease afflicting people today is gum disease. The scientific term for gum disease is periodontal disease. Periodontal disease is a general term that includes a large list of different ailments that affect the components responsible for supporting the teeth in the mouth.

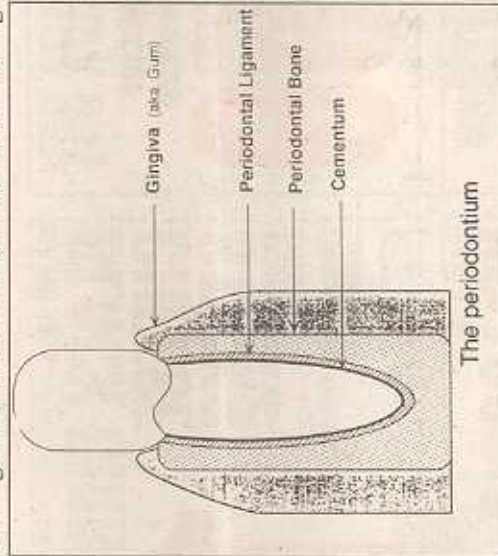
The components include the thin lining of cementum tenaciously attached to the tooth's root surface, the bone surrounding the tooth's root (also referred to as the periodontal bone), the fine (Periodontal) ligament suspended between the bone and cementum, and the pinkish-red gum (or gingiva) covering the structures.

When any part of the periodontal apparatus is damaged because of inflammation then a periodontal disease is diagnosed by the dentist. Periodontal disease is diagnosed further into either a gingivitis or a periodontitis.

A gingivitis is a periodontal disease that affects only the gingiva without damaging the other three underlying supportive structures of the periodontium: the cementum, the periodontal bone and the periodontal ligaments. These diseases are described as an inflammation (i.e., itis) of the gingiva, and thus its name, gingivitis.

The most common form of gingivitis, is the gingivitis caused by an individual's immune response to bacterial plaque buildup on the teeth above the gum line. The plaque acts as a constant irritant to the gingiva causing it to become infected and inflamed. A

Periodontal pockets are the infected space between the root and gum that a periodontal probe can penetrate into. The deeper the probe can penetrate the deeper the pocket and thus the greater the risk the area has to house



At this stage, there is no cure for periodontal disease, be that a gingivitis or a periodontitis. In most cases, continued periodontal treatment proves to be reliable and effective at halting the disease from progressing.

Professional scaling and prophylaxis in conjunction with regular home care oral hygiene (daily brushing and flossing) is the most cost-effective method of treating and managing periodontal disease.

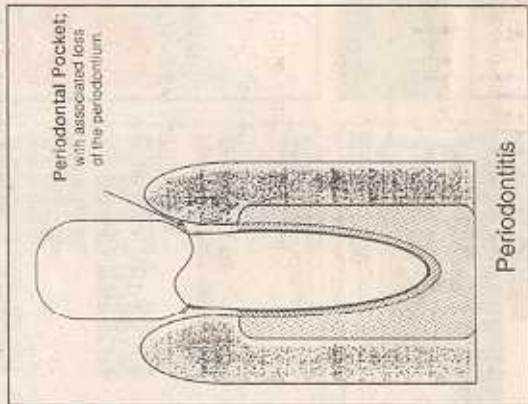
Antibiotics are effective since periodontal disease is a bacterial infection. They are used routinely on the more aggressive forms of periodontal disease such as trench mouth and juvenile periodontitis.

Mouth rinses, such as Listerine® and the chlorhexidine base mouth rinses, have shown to be effective at managing gingivitis but not periodontitis. This is because the rinses do not adequately diffuse deep into the periodontal pockets where the periodontitis causing bacteria live.

Periodontal surgery is recommended in those cases where periodontal pockets are so deep that brushing and flossing cannot adequately keep the pockets free of plaque.

It has already been said that periodontitis is irreversible. Yet new therapies that include specially placing materials and medication into the diseased area are rejuvenating the growth of lost supporting cementum, periodontal ligaments and bone. Initial results are promising for certain situations.

Yet with all the advances in the un-



periodontitis causing bacterial plaque. Another type of periodontitis that

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stant irritant to the gingiva causing it to become infected and inflamed. A common symptom of this type of gingivitis is bleeding gums when brushing your teeth.

Another well-known gingivitis, although not as common as the bacterial plaque gingivitis just described, is known as "Trench Mouth." The correct clinical term is Acute Necrotizing Ulcerative Gingivitis or also referred to by its acronym ANUG. This type of gingivitis was first described amongst the soldiers fighting in the trenches during the World War I, hence the name. The cause of Trench Mouth is associated with stress-related situations. It is an exaggerated response to specific type of bacterial plaque that normally doesn't cause any problem in the stress-free individual. Trench Mouth is classically presented with very painful ulcerative gingiva, sloughing of the superficial lining of the gingiva combined with a strong metal taste and bad breath.

Other types of gingivitis are caused by certain medication, like cancer chemotherapy, and other generalized health conditions, like pregnancy.

Although a gingivitis is an annoying disease, it is completely reversible when properly treated. On the other hand, a Periodontitis is an irreversible loss of the supporting structures. The culprit in this case, is the individual's immune response to the bacterial plaque that live below the gum line (as opposed to "above the gum line" in the case of gingivitis).

The most common type of adult periodontitis is the "Adult Periodontitis." It is a painless chronic inflammation that slowly breaks down the cementum, periodontal bone and periodontal ligaments. In many cases a breakdown of the overlying gingiva will present as a recession of the gum line. Untreated, the continued loss of bone will cause the teeth to become loose in the mouth. If a recession does not occur in conjunction with destruction of the other underlying supporting structures, then the periodontitis will manifest periodontal pockets.

Another type of periodontitis that affects only teenagers is called "Juvenile Periodontitis." Juvenile periodontitis usually starts during early adolescence and then inconspicuously causes significant mobility of the molars and upper front teeth by the age of sixteen. Dentists routinely screen teenagers for this form of periodontitis.

Traditionally, dentists made a diagnosis of periodontal disease through a visual examination, periodontal probe measurements and radiographic examination.

Dentists check for the accumulation and consistency of debris (specifically plaque, calculus and tartar) above and below the gum line. It is important to note the colour and consistency of the gingiva. Red puffy gums that bleed easily in gently poking with a periodontal probe are usually indicative of inflammation. Also the dentist checks for loose teeth.

A periodontal probe serves two important functions. First, it offers some appreciation for the extreme of inflammation of the gums by checking for bleeding when they are gently poked. Second, the probe is a measuring device used to measure the depth of the periodontal pocket.

Radiographs offer a visual presentation of the location, direction and extent of periodontal bone loss.

Newer diagnostic tests currently being studied but not yet approved for routine use are chemical analysis of the fluid above and below the gum line and computer analysis of radiographic images.

As stated earlier, gingivitis is referred to as a reversible disease and periodontitis is considered an irreversible disease. This means that successful treatment of gingivitis can return the periodontium to a pre-diseased state. On the other hand, once periodontal supporting structures are destroyed and lost, as seen with a periodontitis, then they are lost for good, with treatment only preventing the progression of the periodontal destruction.

Yet with all the advances in our understanding and treatment of periodontal disease over the last two decades, the traditional professional cleaning complimented with effective routine brushing and flossing continues to be the best defense toward periodontal disease.

Safety is everyone's concern!

In 1991, seniors from Hastings and Prince Edward Counties spent 15,511 days in hospital as a result of falls. Falls are the leading cause of injury and the sixth leading cause of death in persons over the age of 65. Nearly 600 Ontarians over 65 died annually as a result of falling.

Because falls often result in broken bones, the period of immobility while fractures heal can lead to losses in muscle tone and balance that eventually result in loss of independence. Further impediments in mobility can affect other body systems such as circulation; serious problems can ensue leading to hospitalization, and unfortunately, sometimes death. Therefore, it is very important each person exercise caution and common sense.

A local group of service providers and interested persons are working together to increase public awareness of the size of the problem and the causes of the falls. The group will also be developing ways to help prevent falls in co-operation with individuals and groups in the community.

The group—Coalition for the Prevention of Falls by Seniors—was organized by the Healthy Seniors Program of the Hastings and Prince Edward Counties Health Unit and the District Health Council. It has members from numerous social agencies as well as from concerned, interested individuals. If you are interested in joining the coalition or would like additional information, please call 966-5500 and leave a message for Julie Rivers, Public Health Nurse, Healthy Seniors Program.

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