

# GUM DISEASE

## WHAT IS GUM DISEASE?

Gum disease is inflammation of the supporting tissues of the teeth. However in the vast majority of cases it is preventable if diagnosed and treated in time. It can be divided into **Gingivitis**; inflammation and bleeding of the gums and **Periodontitis**; inflammation and bleeding of the gums, together with the destruction of the fibres and bone that hold the teeth in position in the jaws.

## IS IT COMMON?

It is the number one cause of tooth loss in the world today. A recent survey found that 90% of Irish children had gingivitis, 58% of Irish adults over the age of 35 had mild periodontitis and 8% had moderate to severe periodontitis.

## WHAT IS THE CAUSE?

Gum disease is caused by plaque collecting on the teeth. Plaque is an accumulation of food debris, bacteria and other substances. This plaque builds up around and below the gum level and produces toxins that destroy the jaw bone that holds the teeth in place. In certain people – about 1 in 10 – the plaque also causes the destruction of the supporting bone and attachment fibres as seen in periodontitis. We don't know why people's gums respond differently to plaque. However we do know that smoking reduces the ability of the gums to protect themselves from plaque.

## IS GUM DISEASE CURABLE?

A cure means to restore things to the state they were before the disease occurred. Gingivitis is curable but periodontitis is not. However periodontitis can be arrested and can be maintained without any further destruction occurring. The earlier the diagnosis the easier the treatment.

## HOW IS GUM DISEASE TREATED?

Gingivitis and mild periodontitis can resolve with a thorough professional cleaning and with the patient cleaning their teeth as shown by a Hygienist. Treatment of moderate to severe periodontitis is more complex. This involves scaling and removal of plaque, tartar and staining that builds up above and below the gum level. That along with comprehensive oral hygiene instruction and regular maintenance (every six months) with a Hygienist may be enough to prevent gum disease from progressing. However in some cases referral to a Periodontist (gum specialist) may be required.

## IS GUM DISEASE A SERIOUS CONDITION?

Severe untreated gum disease (Acute Periodontitis) leads to the loss of your teeth. There is a link between gum disease, heart disease and stroke. If the bacteria that builds up under the gums is deep enough, it is gaining access to the blood and into the blood stream.

## TREATMENT OF ADVANCED GUM DISEASE (PERIODONTITIS):

Firstly a thorough assessment is carried out. This includes radiographs and a measurement of the levels of bone that have been lost to date so that we have a record of the extent of the gum disease that has taken place. The initial therapy can then be divided into two phases:

- **WHAT THE HYGIENIST DOES**

The teeth are root planed i.e. cleaned very thoroughly. This can be carried out under local anaesthetic if required. This is normally done in four appointments, with one quarter of the mouth cleaned at each appointment.

- **WHAT THE PATIENT DOES**

The patient is instructed in how to clean plaque from the teeth. This involves brushing, appropriate techniques for cleaning between the teeth and the use of mouthwashes.

**The patient's role is at least as important as that of the hygienist in the management of gum disease.**

## REASSESSMENT

Six weeks after the initial therapy, the measurements around the teeth are repeated and compared with the initial measurements. The patient's oral hygiene is also checked.

## FOLLOW UP

For the first year after initial therapy, the patient is reviewed every 3 months to check on progress. This involves measuring the health of the gum around each tooth and assessing the plaque control. At the end of the year the patient is reassessed.

## THERE ARE THREE POSSIBLE OUTCOMES

- 1) The disease has been controlled by the initial therapy and the patient is maintaining good plaque control. This is the best outcome; provided the patient maintains good oral hygiene and goes for regular check-ups and cleaning, the long term outlook is good.
- 2) The disease was controlled initially but the patient is not maintaining adequate plaque control. This is an unstable result and will break down. However this may be retrieved by recommencing treatment.
- 3) The patient is maintaining adequate plaque control but the disease is too severe to be controlled by root planning. The options here would be to either:
  - A) Refer to a periodontist or
  - B) Extract the teeth around which the disease is uncontrolled.

### **SMOKING AND GUM DISEASE:**

**Smoking greatly increases the risk and severity of gum disease.**

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