ADA Healthy Smile Tips

- · Brush your teeth twice a day with a fluoride toothpaste.
- · Clean between your teeth once a day.
- · Eat a healthy diet and limit snacks.
- · Visit your dentist regularly.

For more information about taking care of your mouth and teeth, visit MouthHealthy.org, the ADA's website just for patients.



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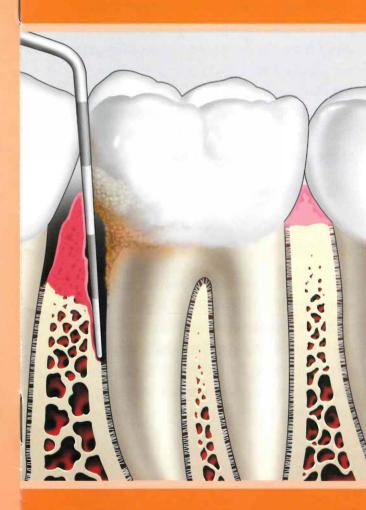
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Periodontal Disease

DON'T WAIT UNTIL IT HURTS



ADA American Dental Association®

America's leading advocate for oral health

What Is Periodontal Disease?

Periodontal (gum) disease is an infection. It affects the tissues and bone that support the teeth.

Healthy gum tissue fits like a cuff around each tooth. When someone has periodontal disease, the gum tissue pulls away from the tooth. As the disease gets worse, the tissue and bone that support the tooth are damaged. Over time, teeth may fall out or need to be removed. Treating periodontal disease in the early stages can help prevent tooth loss.

Periodontal Disease and Whole-Body Health

Periodontal disease has been linked to some other diseases. People with diabetes or heart disease are more likely to get periodontal disease. Strokes and high stress also may be related to periodontal disease. Researchers are still studying these links.

Warning Signs of Gum Disease

If you notice any of the signs below, see your dentist. However, you can have periodontal disease and not notice any of these warning signs. That is why regular dental checkups are very important.

Warning signs include:

- gums that bleed when you brush or floss
- · red, swollen or tender gums
- gums that have pulled away from your teeth
- bad breath that doesn't go away
- · pus between your teeth and gums
- a change in the way your teeth fit together when you bite
- a change in the fit of partial dentures

What Causes Periodontal Disease?

Periodontal disease is caused by plaque, a sticky film that is always forming on your teeth. Plaque contains bacteria that can irritate and inflame the gums.

Inflamed gums can pull away from the teeth and form spaces called "pockets." These pockets collect more bacteria. If the infected pockets are not treated, the gum disease can get worse.

How Can I Prevent Periodontal Disease?

- **Brush** your teeth twice a day with fluoride toothpaste.
- Floss or use another between-theteeth cleaner daily to remove plaque and food from areas your toothbrush can't reach.
- Your dentist or hygienist may recommend using a germ-fighting mouthrinse or other products.
- Eat a healthy diet and limit snacks. Find out more at the website choosemyplate.gov.
- Visit your dentist regularly.
 If plaque stays on your teeth, it hardens into tartar (also called "calculus").

 Professional cleanings are the only way to remove tartar, which traps bacteria along the gumline.

Are You at Risk?

Anyone can get periodontal disease. These things can increase the risk:

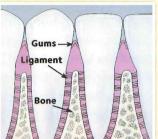
- Poor oral hygiene
- Tobacco. People who smoke or chew tobacco are more likely to have periodontal disease.
- Diseases that affect the whole body such as diabetes and AIDS — lower resistance to infection. If you have one of these diseases, you are at higher risk for periodontal disease.
- Many medications, such as steroids and blood pressure drugs, can affect your gums. Some have side effects that reduce saliva, which can affect soft tissues and make tooth decay more likely. Tell your dentist about all the medications you take and any changes in your health.
- Teens, pregnant women and those taking birth control pills face changes in hormone levels. These changes can cause gums to become more sensitive to plaque bacteria.
- Genes may play a role. If your parents wear dentures or you have a family history of tooth loss, be extra alert for changes to your gums.
- The bacteria that cause periodontal disease may be passed from parents to children and between partners through saliva.

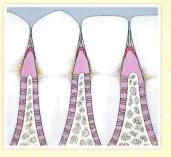
Stages of Periodontal Disease

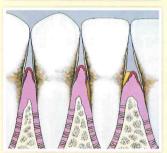


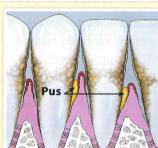












Healthy Gums

Teeth are held firmly in place by the gums, bone and periodontal ligament. Gums hug the teeth tightly. There is little or no buildup of plaque and tartar.

Gingivitis

The bacteria in plaque irritate the gums, making them red, tender, swollen and likely to bleed. If plaque is not removed, it can harden into tartar.

Periodontitis

In time, as plaque and tartar build up along the gumline, plaque bacteria break down the soft tissues that support the tooth. As the disease progresses, bacteria attack the bone tissue also.

Advanced Periodontitis

The gums can pull away from the teeth as more bone and the periodontal ligament are damaged. Teeth may become loose and need to be removed by a dentist.

Checking for Periodontal Disease

Your dentist or hygienist uses a periodontal probe to gently measure the depth of the pockets around each tooth. When teeth are healthy, the pocket depth is usually three millimeters or less. Generally, the more severe the disease, the deeper the pocket.

Dental x-rays usually are taken to check for the amount of bone supporting the teeth. If the dentist finds periodontal disease, he or she may provide treatment or may refer you to a periodontist (a dentist who specializes in the prevention, diagnosis and treatment of periodontal diseases).



Periodontal probe of healthy gums.



Periodontal probe showing a pocket forming between the tooth root and the gums.



X-ray showing supporting bone.



X-ray showing periodontal bone loss.

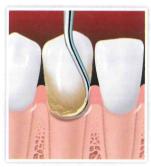
Treating Periodontal Disease

If the disease is caught very early (when it is gingivitis), you may simply need a **professional cleaning**. The dental team can give you advice for improving your daily oral hygiene.

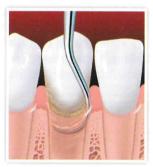
Some patients develop more severe disease that must be treated. This usually involves a special cleaning called **scaling and root planing**. The dentist carefully removes plaque and tartar down to the bottom of each periodontal pocket. The tooth's root surfaces are also cleaned and smoothed. This helps the gum tissue to heal and reattach to the tooth. This treatment is sometimes called "periodontal cleaning" or "deep cleaning" and may take more than one visit.

At follow-up visits, the dentist or hygienist measures the pocket depths to see if scaling and root planing has been successful. If the periodontal pockets have deepened and the supporting bone is lost, more treatment may be necessary. You may be referred to a periodontist.

SCALING AND ROOT PLANING



Scaling removes plaque and tartar from below the qumline.

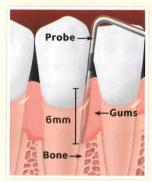


Root planing smoothes the tooth root and helps the gums reattach to the tooth.

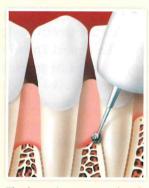
Periodontal Surgery

If the pockets do not heal enough after scaling and root planing, periodontal surgery may be needed. Surgery allows the dentist to remove plaque and tartar from hard-to-reach areas. Then the gums are stitched into place to hug the teeth tightly. Surgery can reduce pocket depth and make it easier to keep teeth clean.

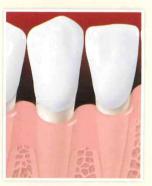
FLAP AND OSSEOUS (BONE) SURGERY



Probe shows pockets due to periodontal disease. Gums are inflamed and bone loss has occurred



The bone is contoured and any remaining tartar is removed.



Healed site after periodontal surgery.

If bone has been damaged by periodontal disease, surgery may be needed to rebuild or reshape the bone. Splints, bite guards or other appliances may be used to hold loose teeth in place and to help tissues heal. If too much gum or bone tissue has been lost, the dentist may do a gum or bone graft.

The dentist may place a membrane layer at the surgical area to help the gums stay in place while the tooth root reattaches to the supporting ligament. This is called "guided tissue regeneration." After surgery, the dentist may apply a protective dressing over teeth and gums and recommend or prescribe a special mouthrinse. Your dentist also may prescribe an antibiotic and a pain reliever.

BONE GRAFT AND GUIDED TISSUE REGENERATION



Diseased tissue is removed from the pocket. In some cases, the bone may be reshaped.



Bone has been reshaped.



Grafting material is placed over the bone. A membrane covers the grafting material.



After the healing period.

Care After Treatment

- Your dentist may recommend more frequent checkups and deep cleanings to keep periodontal disease under control. In some cases, your appointments may alternate between your general dentist and a periodontist.
- Keep plaque under control with daily cleanings at home. It takes just a few minutes twice a day to care for your teeth and gums.
- Your dentist may recommend medicines to help control infection and pain or to aid healing. These could include a pill, a mouthrinse or a medicine placed directly into the pocket after scaling and root planing.
- If you use tobacco, ask your dentist or physician for information about how to quit. Tobacco has chemicals that can slow healing and make treatment less predictable.
- If you have a disease that is linked to periodontal disease, such as diabetes, work with your physician to manage it.

YOU DON'T HAVE TO LOSE TEETH TO
PERIODONTAL DISEASE. BRUSH, CLEAN
BETWEEN YOUR TEETH, EAT A HEALTHY DIET
AND SCHEDULE REGULAR DENTAL VISITS
FOR A LIFETIME OF HEALTHY SMILES.