

Special Announcement
This is the moment we've all been waiting for!

Landmark Consensus Paper Ties Cardiology and Perio Together

Top opinion leaders in the field of Cardiology and Periodontology met in early 2009 and reviewed the literature and developed specific clinical recommendations regarding these related diseases. These recommendations and the relevant science linking cardiovascular and periodontal disease were presented in a consensus paper jointly published by the American Journal of Cardiology and the American Academy of Periodontology in the Journal of Periodontology.

The paper includes clinical recommendations for physicians and dentists to use in managing patients living with, or who are at risk for, either disease. Consequently, cardiologists are now expected to examine a patient's mouth and dentists/periodontists may begin asking questions about heart health and family history of heart disease.

Many dentists (and physicians) aware of the oral-systemic connection have already been emphasizing the relatedness of these health conditions. The significance of this Consensus report is that it is now "official". For dentists needing to feel validated and "authorized" in their attempts to build professional referral relationships with physicians – this Consensus report will prove to be very powerful. In essence it officially sanctions the medical-dental relationship and creates a new standard-of-care with regard to co-management of both cardiovascular disease and periodontal disease.

Wise dentists will also use this report and the information it presents to better educate and inform their own dental patients about the now officially recognized "oral-systemic connection". Additionally, it is recommended that you print and provide the entire report (and/or print summaries of it posted on the AAP website) and use this information to educate and inform community cardiologists and physicians about this Consensus Report.

To read the complete report, click on the link below. You can also Google the title of the report and read any number of reviews from various sources on the announcement.

To view the Consensus Report visit: <http://www.joponline.org/doi/pdf/10.1902/jop.2009.097001>

Clinical recommendations for Patients with Periodontitis:

- Patients with moderate to severe periodontitis should be informed that there may be an increased risk for atherosclerotic CVD associated with periodontitis.
- Patients with periodontitis who have atherosclerotic CVD risk factors (such as smoking, immediate family history for CVD, or history of dyslipidemia should consider a medical evaluation if they have not done so within the past 12 months).
- Patients with periodontitis assess their risk for future CVD events (stroke, heart attack) by completing either the Reynolds Risk Score or the national Cholesterol Education Program Risk Calculator.
- Medical evaluation of patients with periodontitis should include assessment of atherosclerotic CVD risk, including past CVD events, and family histories of

premature atherosclerotic CVD disease or sudden coronary death, diabetes mellitus, systemic hypertension, or dyslipidemia.

Patients With Atherosclerotic CVD and Previous Diagnosis of Periodontitis:

- Periodontists and physicians managing patients with CVD should closely collaborate to optimize CVD risk reduction and periodontal care.

Patients With Atherosclerotic CVD and No Previous Diagnosis of Periodontitis:

- A periodontal evaluation should be considered in patients with atherosclerotic CVD who have: signs or symptoms of gingival disease, significant tooth loss, and unexplained elevation of hs-CRP or other inflammatory biomarkers.
- A periodontal evaluation of patients with atherosclerotic CVD should include a comprehensive examination of periodontal tissues, as assessed by visual signs of inflammation and bleeding on probing, loss of connective tissue attachment detected by periodontal probing measurements, and bone loss assessed radiographically. If patients have untreated or uncontrolled periodontitis, they should be treated with a focus on reducing and controlling the bacterial accumulations and eliminating inflammation.

Additional recommendations are offered relative to periodontal disease and high blood pressure, calcium channel blockers for hypertension, metabolic Syndrome, tobacco use, and high cholesterol levels.

Abstract-Introduction

The American Journal of Cardiology and Journal of Periodontology Editors' Consensus: Periodontitis and Atherosclerotic Cardiovascular Disease. [The organization of the health professions into specialties and subspecialties according to body organs and systems is often more pragmatic than scientific. The human organism is a single unit composed of a seemingly infinite number of biologic processes so intertwined that abnormalities of almost any of its parts or processes have profound effects on multiple other body areas, exemplified in this document by the common and complex theme of *inflammation*. In recent years, the immune system, once believed to be only a vital defense against infection and a promoter of healing—except in the instances of a few uncommon connective tissue disorders—is now recognized as a significant active participant in many chronic diseases, including hypertension, diabetes mellitus, arthritis, inflammatory bowel disease, psoriasis, and the 2 diseases addressed in this Editors' Consensus: atherosclerotic cardiovascular disease (CVD) and periodontitis. This aim of this document is to provide health professionals, especially cardiologists and periodontists, a better understanding of the link between atherosclerotic CVD and periodontitis and, on the basis of current information, an approach to reducing the risk for primary and secondary atherosclerotic CVD events in patients with periodontitis.] Friedewald VE, Kornman KS, Beck JD, Genco R, Goldfine A, Libby P, Offenbacher S, Ridker, PM, Van Dyke TE, Roberts W.; *J Perio*, June 1 2009 1-10. <http://www.joponline.org/doi/pdf/10.1902/jop.2009.097001>