

Letter to the Doctor

Dear Treating Physician:

Often forgotten is that gum disease (an infection in the mouth) can contribute to CRP. When you are treating your patient using CRP levels as an indicator of health, it's essential to keep the patient's oral health status, and how it affects CRP, in context with the medical treatment.

For example, if your patient has heart disease, it's likely that the patient's gum disease is contributing to the heart disease. The clinical research now suggests that the correlation between CRP and gum disease might be an underlying mechanism in the association between gum disease and a higher risk for heart disease.

Give the **Dental CRP Contribution Assessment Letter (on the next page)** to your patient's dentist to fill out and return to you to aid you in making a more complete CRP assessment.

By following the process below, you will achieve a more comprehensive treatment and better outcome for your patient.

1. Understand how periodontal disease can contribute to CRP
2. Collaborate with the patient's dentist
3. Establish the severity of periodontal disease
4. Establish its contribution to overall CRP
5. Find out the prognosis of your patient's oral disease and get a report every 3-4 months (according to how often the dentist is seeing the patient)

Thank you for taking the time to review this letter. I encourage you to consider this perspective in your practice.

Some studies for further reading:

<http://www.ncbi.nlm.nih.gov/pubmed/11577954>

<http://www.nutritionandmetabolism.com/content/9/1/88>

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Dental CRP Contribution Letter

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Dental CRP Contribution Assessment Letter

Dear Dentist:

I am currently seeing our mutual patient, _____, and using CRP as a measure for diagnosis and treatment and realize that oral health is a contributor to CRP. Therefore, I need to know the status of our patient's oral health.

Please select from the following to indicate the status of our patient's oral health. This information will help provide more comprehensive treatment and a better outcome for our patient.

General State of Oral Health (select the appropriate, could be more than one):

- No gum disease:** Perfect gum health. *Assessment:* No contribution to CRP levels.
- Aggressive periodontitis:** Clinically healthy patients, but have rapid attachment loss and bone destruction and a family history. *Assessment:* Likely strong contribution to CRP levels.
- Chronic periodontitis:** Most frequently occurring form, characterized by inflammation of all the supporting tissues of the teeth and eventual progressive loss of attachment and bone loss and formation of deep pockets. This usually occurs slowly, over a period of time, and can happen in stages. *Assessment:* Likely strong contribution to CRP levels.
- Periodontitis as manifestation of systemic disease:** Typically begins at a young age. Systemic diseases such as heart diseases, respiratory diseases, and diabetes are linked to this form of periodontitis. *Assessment:* Likely strong contribution to CRP levels.
- Necrotizing periodontal disease:** This is an infection characterized by the death of gingival tissues, periodontal ligament, and alveolar bone. These forms of periodontitis are most commonly observed in patients with severe systemic conditions such as HIV, malnutrition, and immune suppression. *Assessment:* Likely strong contribution to CRP levels.

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Does the patient have any of these periodontal disease risk factors? Certainly, there's some overlap between medicine and dentistry. I have checked off the ones I think might contribute to gum disease. Can you please review this list and add to or verify this list?

- Age:** The older you are, the more likely you are to get it. 70% of Americans 65 and older have gum disease.
- Smoking and tobacco use. These users are at increased risk of gum disease.
- Genetics:** Patients can be genetically susceptible to gum disease despite good oral habits, these people may still get gum disease.
- Stress:** Immune suppression caused by stress can make it difficult for the body to fight off periodontal disease.
- Medications:** Oral contraceptives, antidepressants, and certain heart medicines can predispose people to gum disease.
- Clenching and grinding your teeth:** Excessive forces on the teeth and supporting tissues can accelerate the forces that are involved in gum disease. (OSA should be suspected if patient is a long term clencher or grinder.)
- Other systemic diseases:** Other inflammatory systemic diseases can lead to worsening condition of the gums. This would include heart disease, diabetes, and rheumatoid arthritis.
- Poor nutrition and obesity:** A diet that is low in certain nutrients can compromise the body's immune system and make it more likely for the body to get an infection. Obesity can also increase the risk of periodontal disease.

What is the classification of periodontal disease? (ADA AAP Classification of Periodontal Disease)

- Type I/Gingivitis
- Type II/Early Periodontitis
- Type III/Moderate Periodontitis
- Type IV/Advanced Periodontitis
- Type V/Refractory & Juvenile Periodontitis

What is the long-term prognosis? When will the inflammatory disease in the mouth be arrested or non-contributing to CRP?

Physician Signature

____/____/____
Today's Date