

What Physicians Should Consider When Treating Patients With Periodontal Disease

Dear Physician:

Often overlooked when considering CRP is the contribution of gum disease (an infection in the mouth). When you are treating your patient using CRP levels as an indicator of health, or to assess treatment efficacy, 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.

Another potential area of concern is the root canal. Studies show there's **no legitimate connection** between CRP and root canals. However, there **is** a connection between CRP and infection of the teeth. A failed root canal is an infected tooth and should be treated as part of assessing CRP.

Give this letter (beginning on the next page) to your patient's dentist to fill out and return to you to help you make a more complete CRP assessment.

Thank you for taking the time to review this letter and taking a global view of our patients' care.

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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Physician-Dentist CRP Letter
Created by Mark Burhenne DDS

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MD to complete highlighted sections

Dear Dentist:

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

Select the general state of oral health (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.*
- Failed root canal:** Because infection within the mouth can tax the immune system, root canals should be checked by a cone beam (3D) scan every 2-5 years if possible to check for lesions resulting from failure of the procedure. *Assessment: Likely moderate-to-strong contribution to CRP levels, depending on extent of infection.*

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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 no longer contribute to CRP?

Have all root canals been assessed by cone beam scan for failure? Please circle Yes or No.

Yes No

When was the most recent cone beam scan completed on the patient's root canals? Check the box that applies.

- Less than 2 years
- 2-5 years
- 5+ years
- Never

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MD to complete highlighted sections

Please return to me by (circle one):

Email | Fax | Mail : _____

Thank you, as this information will help provide more comprehensive treatment and a better outcome for our patient.

Physician Signature

_____/_____/_____

Today's Date

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