

Diseases and Conditions now Linked to Periodontal Disease

Table of Contents:

Periodontal disease has been linked to numerous other diseases

Systemic diseases associated with periodontal disease.....p2

Periodontal disease and focal infection.....p2

The 3 most dangerous conditions linked to periodontal disease

Cardiovascular disease.....p4

Diabetes mellitus.....p5

Ischemic stroke.....p6

References and citations.....p7

Periodontal disease has been linked to numerous other diseases

As advances are made in medical and dental technology and research, more and more studies are proving a longstanding theory true; “the mouth is the gateway to the body”. There are a number of negative health conditions and systemic diseases that are now being linked to periodontal disease. This report outlines the correlation between periodontal disease and many of these conditions so that you, the reader, can make the necessary decisions to ensure your oral and overall health. Periodontal disease is the most preventable disease there is, and if proper measures are taken you can likely reduce your risk for a number of other very serious health concerns.

What sort of conditions and diseases are we talking about exactly? Here are a few quotes from the largest authorities on oral health to give you an idea of just how serious it can be:

- ❖ *“Researchers have found that periodontitis (the advanced form of gingival disease that can cause tooth loss) is associated with other health problems such as cardiovascular disease, stroke, and bacterial pneumonia.” {1} - American Dental Association*
- ❖ *“Periodontal bacteria can enter the bloodstream and travel to major organs and begin new infections. Evidence suggesting that this process may contribute to the development of heart disease; increase the risk of stroke; increase a woman’s risk of delivering a preterm low-birth-weight baby; and pose a serious threat to people whose health is compromised by diabetes mellitus, respiratory disease or osteoporosis.” {2} - American Academy of Periodontology*
- ❖ *“Evidence shows a link between cardiovascular disease and key bacteria in periodontal disease. Respiratory conditions can be aggravated when bacteria from periodontal disease travel from the mouth to the lungs and lower respiratory system.” {10} - American Dental Hygiene Association*

“Researchers have found that periodontitis (the advanced form of gingival disease that can cause tooth loss) is associated with other health problems such as cardiovascular disease, stroke, and bacterial pneumonia.”

3 Steps to Superior Oral Hygiene

1

Use the
Right Products



2

Follow Oral
Care Program

- 1 Brush twice a day in the morning and evening using 2-3 drops of OraMD on a toothbrush and brush normally. Do not swallow.
- 2 Floss every evening before bed and more frequently as needed. Get any food particles out from between teeth.
- 3 Use OraMD as mouthwash twice a day morning and evening. Just put 2-3 drops into an ounce of water, swirl and gargle. This is important to kill the bacteria in the entire mouth including the back of the tongue.
- 4 Mid morning, mid afternoon and as needed, put 2-3 drops on the tip of the tongue to coat the gum line, teeth and mouth to kill bacteria and keep breath fresh.

3

Get
Results



[Click to Learn More](#)

Systemic diseases associated with periodontal disease

Systemic diseases are diseases that affect a large number of organs and tissues, or affect the body as a whole. Here is a list of all the diseases or conditions that are currently linked to periodontal disease:

- ❖ Osteoporosis {13, 14}
- ❖ Cardiovascular disease (see p4)
- ❖ Cancer {15}
- ❖ Preeclampsia (pregnancy induced hypertension) {16}
- ❖ Preterm births {17}
- ❖ Metabolic Syndrome {18}
- ❖ Rheumatoid arthritis {19}
- ❖ Stroke (see p6)
- ❖ Erectile dysfunction {20}
- ❖ Bacterial pneumonia {38}
- ❖ Diabetes (see p5)

“Periodontal bacteria can enter the bloodstream and travel to major organs and begin new infections. Evidence suggesting that this process may contribute to the development of heart disease; increase the risk of stroke; increase a woman’s risk of delivering a preterm low-birth-weight baby; and pose a serious threat to people whose health is compromised by diabetes mellitus, respiratory disease or osteoporosis.”

Periodontal disease and focal infection

The concept of focal infection (local infection that can spread to other parts of the body) {9} has been linked to conditions of periodontal diseases as far back as 1912. {3} Periodontal disease is initiated by bacteria, and in instances of severe periodontal disease these bacteria can enter the blood stream and cause a condition called bacteremia. {4} Once bacteremia takes place, there are three pathways that focal infection conditions can occur in the blood stream and organs. They are:

“Put quite simply, when the tissue of the gums separates from the teeth during periodontal disease it opens up “on ramps” for harmful oral bacteria to enter your blood stream “super highway”. These bacteria that form plaque on the teeth can form plaques and fatty deposits in blood vessels, or just travel to other organs or parts of the body and settle down to start multiplying.”

- ❖ **Metastatic infection {5}**: The microorganisms that gain entrance to the blood and circulate throughout the body are usually eliminated within minutes, and typically will not cause any clinical symptoms other than a slight increase in body temperature. However, if these microorganisms find favorable conditions, they can settle and begin to multiply. {6}
- ❖ **Metastatic injury {5}**: Some bacteria have the ability to produce toxins that are considered to be the most powerful and lethal poisons known. {7} These bacteria shed their outer membranes after cell death, and the effect can give rise to a large number of pathological manifestations.
- ❖ **Metastatic inflammation {5}**: Microorganisms that enter the blood in instances of bacteremia can react with antibodies and create complexes that may cause a variety of chronic and acute inflammatory reactions where they are deposited. {8}

Periodontal disease increases susceptibility to systemic disease

Periodontal disease is by far the most common oral infection, and is the subject of most studies concerning the relationship between systemic disease and oral health.

Periodontal disease is caused by bacteria found in dental plaque that causes inflammation in the tissues of the gums and mouth. This inflammation can cause destruction of the tissues, periodontal ligaments, and even bone.

A 1998 study {11} suggested that there are three different ways that a person’s susceptibility for systemic diseases can be affected by periodontal disease. They are:

“166 cases and control subjects were found to have a higher risk for stroke based on poor dental status, periodontitis, and periodontal lesions”

“...among the 11,869 men and women studied there were a total of 555 cardiovascular disease events, 170 of which were fatal. Participants who reported the poorest levels of oral hygiene (rarely/never brushing their teeth) had a 95% higher risk of a cardiovascular disease event...”

- ❖ **Shared risk factors {11}**: Factors that place individuals at high risk for periodontal disease may also place them at high risk for systemic diseases such as cardiovascular disease. Some examples of shared risk factors are smoking, stress, aging, race or ethnicity, and gender.
- ❖ **Subgingival biofilms {11}**: These biofilms present continually renewing reservoirs of negative bacteria, and they have easy access to the gingival tissues and circulatory system.
- ❖ **Periodontium as cytokine reservoir {11}**: Cytokines are proteins released by cells that trigger inflammation and respond to infections. {12} During instances of periodontal disease, oral tissues can reach a high concentration of these pro-inflammatory proteins. Because of this, they can act as reservoirs to keep spilling inflammation inducing bacteria into the bloodstream. This can also cause deposits of cholesterol.

Put quite simply, when the tissue of the gums separates from the teeth during periodontal disease it opens up “on ramps” for harmful oral bacteria to enter your blood stream “super highway”. These bacteria that form plaque on the teeth can form plaques and fatty deposits in blood vessels, or just travel to other organs or parts of the body and settle down to start multiplying.

“A review of patients suffering from both diabetes and periodontal disease found that this apoptosis process can increase the inflammatory response of oral tissues to bacteria, and lead to further tissue destruction because of wound healing difficulties related to diabetes”

3 Steps to Superior Oral Hygiene

1 Use the Right Products



2 Follow Oral Care Program

- 1 Brush twice a day in the morning and evening using 2-3 drops of DrOHX on a toothbrush and brush normally. Do not swallow.
- 2 Rinse every evening before bed using more frequently as needed. Get on brand products and keep brushing teeth.
- 3 Use DrOHX as mouthwash twice a day morning and evening. Add just 2-3 drops into an ounce of water, swirl and gargle. This is important to kill the bacteria in the entire mouth including the back of the tongue.
- 4 Mid morning, mid afternoon and as needed put 2-3 drops on the tip of the tongue to coat the gum line, teeth and mouth to kill bacteria and keep breath fresh.

3 Get Results



[Click to Learn More](#)

Cardiovascular disease

Cardiovascular disease is the leading killer of both men and women in the United States, and contributes to over 2,000 deaths every day. Periodontal disease affects nearly 75% of Americans at some point in their lives, and with the open gateway it can provide to the blood stream it only makes sense that there could be some sort of relation between the two.

In 1999, the association between periodontal disease and coronary heart disease (CHD) was evaluated in the Third National Health and Nutrition Examination Survey (NHANES III). {21} This study found that history of heart attack increased along with the severity of periodontal disease. The highest levels of severity of periodontal disease had 95% higher odds of having an incident of heart attack or CHD than those with no reported periodontal disease. This research confirmed many previous inconclusive studies, and proved the direct relationship between periodontal disease and heart disease. {22}

Six studies {23, 24, 25, 26, 27, 28} have suggested that **symptoms of poor oral health and periodontal disease can indicate cardiovascular events**. Here are some of their findings:

“A 15 year follow up found that periodontal disease was a significant predictor of coronary heart disease in over 9,700 men and women who were surveyed.”

- ❖ A 15 year follow up found that periodontal disease was a significant predictor of coronary heart disease in over 9,700 men and women who were surveyed. {24}
- ❖ 921 men aged 21-80 who were free of cardiovascular disease at the initial time of survey were followed-up on after 18 years. This follow-up found that a higher level of alveolar bone loss from periodontal infection {29} was a significant predictor for CHD and stroke. {26}

In 1983, a study {30, 31} was published that put forth the suggestion that some of the particular bacteria strains present in dental plaque could directly affect the formation of aggregated platelets. This, in turn, played a role in the formation of fatty deposits and swelling of artery walls. In 2000, these same types of deposits/blockages have been studied in a different light. {32} This time, 50 deposits from blockages in carotid arteries were analyzed and examined for the presence of periodontal bacteria strains.

As recently as May 2010 a health survey published in the British Medical Journal {33} that studied the correlation of poor oral hygiene and risk of cardiovascular disease. It found that among the 11,869 men and women studied there were a total of 555 cardiovascular disease events, 170 of which were fatal. Participants who reported the poorest levels of oral hygiene (rarely/never brushing their teeth) had a 95% higher risk of a cardiovascular disease event.

Another possible link between heart disease and periodontal disease has to do with the possible tooth loss that can accompany oral infections. Evidence has shown that people who have lost teeth, with or without dentures, change their eating habits. {26, 27, 34, 35, 36} These studies surmised that due to difficulty chewing from tooth loss, the subjects may be avoiding nutritious foods and replacing them with high fat foods that are recognized as risk factors for cardiovascular disease. {37}

“Evidence has shown that people who have lost teeth, with or without dentures, change their eating habits. These studies surmised that due to difficulty chewing from tooth loss, the subjects may be avoiding nutritious foods and replacing them with high fat foods that are recognized as risk factors for cardiovascular disease.”

“...some of the particular bacteria strains present in dental plaque could directly affect the formation of aggregated platelets. This, in turn, played a role in the formation of fatty deposits and swelling of artery walls.”

Diabetes mellitus

An estimated 20 million Americans are affected by diabetes, nearly 40% of whom have not yet been diagnosed. In 1993, a sixth complication of diabetes to go along with retinopathy {39}, neuropathy {40}, macrovascular disease {41}, nephropathy {42}, and poor wound healing was proposed. The sixth complication, as proposed by Loe was periodontal disease. {43} Another possible complication that relates the two is a condition called apoptosis, which is a sequence of programmed events that leads to cell death. A review of patients suffering from both diabetes and periodontal disease found that this apoptosis process can increase the inflammatory response of oral tissues to bacteria, and lead to further tissue destruction because of wound healing difficulties related to diabetes. {48}

As recently as 2008, periodontal disease was identified as a risk for diabetics with poor metabolic control. {44} These studies could stand alone to prove that the connection between diabetes and periodontal disease is a two-way street, but what's more is that there is evidence that suggests that **periodontal changes are the first clinical manifestation of diabetes.** {45}

There are a few key links in the chain that binds diabetes and periodontal disease, which has been the subject of more than 200 articles published in the past 50 years. At times, it has been difficult to interpret the results of certain tests and studies due to the number of varieties and classifications associated with both conditions. Two facts to establish the link that remain solid are:

- ❖ Reduction of saliva or salivary flow is frequently reported in diabetics {46}, and a reduced salivary flow is a large risk for a number of oral infections because harmful (anaerobic) bacteria breed much more prevalently in environments with reduced oxygen and saliva.
- ❖ Diabetes exaggerates the inflammatory response of periodontal bacteria. Studies have shown that the oral bacteria in patients with periodontal disease who have diabetes are the same as that of patients who have periodontal disease but have not been diagnosed with diabetes. {47}

“...evidence from studies on patients of both conditions who underwent treatment for periodontal disease accompanied with antibiotic treatment showed improvement...”

“In 1993, a sixth complication of diabetes to go along with retinopathy , neuropathy , macrovascular disease , nephropathy , and poor wound healing was proposed. The sixth complication, as proposed by Loe was periodontal disease.”

Going back 30 years, studies were conducted that reported that children with type 1 diabetes had a higher level of gum inflammation than children without diabetes, but who had similar levels of dental plaque. {49} A few years later, another study confirmed that patients with poorly controlled diabetes had more prevalent, and more severe gum bleeding than even those who still had diabetes, but controlled it better. {50} Research also suggests that there are more instances of bone loss and loss of attachment of the gums to the teeth in adults with diabetes. {51, 52}

The good news for those who suffer from periodontal disease, diabetes, or both is that evidence from studies on patients of both conditions who underwent treatment for periodontal disease accompanied with antibiotic treatment showed improvement not only in their periodontal status, but also in their glycemic control. {53, 54, 55}

3 Steps to Superior Oral Hygiene

1

Use the Right Products



2

Follow Oral Care Program

- 1 Brush twice a day in the morning and evening using 2-3 drops of Dr.OAG on a toothbrush and brush normally. Do not swallow.
- 2 Use every evening before bedtime, more frequently as needed. Get on front teeth and back between teeth.
- 3 Use Dr.OAG as mouthwash twice a day morning and evening. Add just 2-3 drops into an ounce of water, swirl and gargle. This is important to kill the bacteria in the entire mouth including the back of the tongue.
- 4 Mid morning, mid afternoon and as needed put 2-3 drops on the tip of the tongue to coat the gum line, teeth and mouth to kill bacteria and keep breath fresh.

3

Get Results



[Click to Learn More](#)

Ischemic stroke

A stroke is damage to the brain due to a reduction in blood supply. When a blood vessel that delivers oxygen and nutrients to the brain becomes obstructed, the condition is called ischemic stroke, or cerebral ischemia. Another type of stroke is called hemorrhagic stroke, and it occurs when a blood vessel supplying the brain bursts and causes bleeding into the brain. In any stroke event, the nerve cells of the affected part of the brain become deprived of oxygen and can die off within minutes, and cause a number of different body impairments.

Numerous articles {60} have been published that establish the link between stroke and periodontal disease. Multiple pathways exist for direct relation between the two, which include:

“There were significant relationships between calculus/tartar, probing pocket depth, and stroke.”

“Seven of nine studies evaluating periodontal disease as a risk factor for stroke showed significant associations”

- ❖ Inflammation
- ❖ Bacteremia
- ❖ Vascular injury

Because ischemic stroke is the type that can be caused by blockage or obstruction in the blood vessels, the following case-control studies that were designed to test the link between stroke and periodontal disease evaluated ischemic and hemorrhagic stroke separately. They also excluded any people who had cardiovascular disease before the initial examination. **Seven of nine studies evaluating periodontal disease as a risk factor for stroke showed significant associations.** {57}

The first report evaluated 40 cases of ischemic stroke and 40 randomly selected control subjects who were matched for sex and age. There were significant relationships between calculus/tartar, probing pocket depth, and stroke. {55} Another more recent study found similar results among a larger subject base. 166 cases and control subjects were found to have a higher risk for stroke based on poor dental status, periodontitis, and periodontal lesions. {56} Another study that found positive association between periodontal disease and ischemic stroke found that the risk was even higher when they limited their research to only cases of fatal stroke. {58}

“Researchers studied the results of health questionnaires that were sent to 41,380 men aged 40-75 every 2 years over a 12 year period... The result was that over this 12 year period, there were 349 documented ischemic strokes among the subjects. Men who had experienced tooth loss from periodontal disease had a 57% higher risk of stroke than those who had not lost teeth due to periodontitis.”

Because a number of early studies were inconclusive in proving this relationship, researchers at Harvard medical school found that more definitive results may be determined by studying a more concise and much larger group. {59} Researchers studied the results of health questionnaires that were sent to 41,380 men aged 40-75 (primarily white dentists, veterinarians, pharmacists, optometrists, osteopathic physicians, and podiatrists) every 2 years over a 12 year period. These questionnaires contained questions about medical history, health behaviors, and other negative health events. The result was that over this 12 year period, there were 349 documented ischemic strokes among the subjects. Men who had experienced tooth loss from periodontal disease (began the study with 25 or fewer teeth) had a 57% higher risk of stroke than those who had not lost teeth due to periodontitis.

References and citations

- {1} American Dental Association. Oral Health Topics A-Z: Oral Systemic Health (Your Health and Your Overall Health). <http://www.ada.org/public/topics/oralsystemic.asp>. Accessed Jan. 16, 2008.
- {2} American Academy of Periodontology. Oral Health Information for the Public: Mouth Body Connection. www.perio.org/consumer/mbc.top2.htm. Accessed Jan 16, 2008
- {3} Bilings FA. Chronic focal infections and their etiologic relations to arthritis and nephritis. *Arch Intern Med* 1912;9:484-498.
- {4} Bacteremia: the usually transient presence of bacteria in the blood. <http://www.merriam-webster.com/medical/bacteremia>
- {5} Metastasis: transfer of disease from one organ or part of the body to another not directly connected with it, due to either pathogenic microorganisms or to transfer of cells. <http://medical-dictionary.thefreedictionary.com/Metastatic+disease>
- {6} Systemic Diseases Caused by Oral Infection; *Clinical Microbiology Reviews*, Oct 2000, p. 548
- {7} Hammond, B.F. 1992. Major bacterial diseases, p 165-190. *In* J. Slots and M. A. Taubman (ed.), *Contemporary oral microbiology and immunology*. Mosby, St. Louis, MO.
- {8} Thoden van Velzen, S. K., L. Abraham-Inpijn, and W. R. Moorer. 1984. Plaque and systemic disease: a reappraisal of the focal infection concept. *J. Clin. Periodontol.* 11:209-220
- {9} Focal infection: A bacterial infection localized in a specific part of the body, such as the tonsils, that may spread to another part of the body. <http://medical-dictionary.thefreedictionary.com/focal+infection>
- {10} Moloney T. Dealing with Gum Disease: A Life-Threatening Health Risk. http://www.adha.org/downloads/2001_NDHM_poster.pdf Accessed Jan 16, 2008.
- {11} Page, R. C. 1998. The pathobiology of periodontal diseases may affect systemic diseases: inversion of a paradigm. *Ann. Periodontol.* 3:108-120
- {12} **Cytokine:** A small protein released by cells that has a specific effect on the interactions between cells, on communications between cells or on the behavior of cells. The cytokines includes the interleukins, lymphokines and cell signal molecules, such as tumor necrosis factor and the interferons, which trigger inflammation and respond to infections. <http://www.medterms.com/script/main/art.asp?articlekey=11937>
- {13} Osteoporosis and periodontal disease share several common risk factors. *Journal of the American Dental Association*; 2007 May. Vol 138; p. 616-618
- {14} Osteoporosis may lead to tooth loss because the density of the bone supporting the teeth may be decreased. American Academy of Periodontology, <http://www.perio.org/consumer/mbc.osteoporosis.htm>
- {15} "...people with a history of periodontal disease had a 14% higher risk of developing cancer than did participants with no history of periodontal disease..." *Journal of the American Dental Association*; 2008 July. Vol 139; p 892
-

References and citations (continued)

- {16}** “Women with periodontal disease were at an increased risk for preeclampsia.” Ruma M, Boggess K, Moss K, Jared H, Murtha A, Beck J, Offenbacher S.; Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, School of Medicine, Chapel Hill, NC 27599
- {17}** Periodontal disease activity as measured by the BANA test is associated with preterm births. Chan HC, Wu CT, Welch KB, Loesche WJ; Department of Orthodontic and Pediatric Dentistry, School of Dentistry, University of Michigan, Ann Arbor, MI
- {18}** Relationship of metabolic syndrome to chronic periodontitis. Li P, He L, Sha YQ, Luan QX; The Second Dental Center, School and Hospital of Stomatology, Peking University, Beijing China
- {19}** Serum cytokine and periodontal profiles in relation to disease activity of rheumatoid arthritis in Japanese adults. Kobayashi T, Murasawa A, Komatsu Y, Yokoyama T, Ishida K, Abe A, Yamamoto K, Yoshie H; General Dentistry and Clinical Education Unit, Niigata University Medical and Dental Hospital, Niigata, Japan
- {20}** Erectile dysfunction might be associated with chronic periodontal disease: two ends of the cardiovascular spectrum. Zadik Y, Bechor R, Galor S, Justo D, Heruti RJ; Center for Health Promotion and Preventative Medicine, Medical Corps, Israel Defense Forces, Zrifin, Israel
- {21}** Arbes SJ, Slade GD, Beck J. Association between extent of periodontal attachment loss and self-reported history of heart attack: an analysis of NHANES III data. *J Dent Res* 1999; 78:1777-82.
- {22}** *Journal of the American Dental Association*; 2002 June. Vol 133; p. 15S
- {23}** Mattila KJ, Valtonen VV, Nieminen M, Huttunen JK. Dental infection and the risk of new coronary events: prospective study of patients with documented coronary events. *Clin Infect Dis* 1995;20:588-92
- {24}** DeStafano F, Anda RD, Kahn HS, Williamson DF, Russell CM. Dental disease and risk of coronary heart disease and mortality. *Br Med J* 1993;306:688-91
- {25}** Joshipura KJ, Rimm EB, Douglass CW, Trichopoulos D, Ascherio A, Willet WC. Poor oral health and coronart heard disease. *J Dent Res* 1996;75:1631-6
- {26}** Beck JD, Garcia R, Heiss G, Vokonas P, Offenbacher S. Periodontal disease and cardiovascular disease. *J Periodontol* 1996;67(supplement):1123-37
- {27}** Morrison H, Ellison L, Taylor G. Periodontal disease and risk of fatal coronary heart and cerebrovascular diseases. *J Cardiovasc Risk* 1999;6(7):7-11
- {28}** Wu T, Trevisan M, Genco RJ, Dorn JP, Falkner KL, Sempos CT. Periodontal disease and risk of cerebrovascular disease: the first National Health and Nutrition Examination Survey and its follow-up study. *Arch Intern Med* 2000;160:2749-55
- {29}** Alveolar bone: in dentistry, the specialized bony structure that supports the teeth; it consists of the cortical bone that comprises the tooth socket into which the roots of the tooth fit, and is supported by the trabecular bone. Syn: alveolar supporting bone <http://dictionary.webmd.com/terms/alveolar-bone>
- {30}** Herzberg MC, Brintzenhofe K, Clawson C. Aggregation of human platelets and adhesion of *Streptococcus sanguis*. *Infect Immun* 1983;39:1459-69
-

References and citations (continued)

- {31} Herzberg MC, Meyer MW. Effects of oral flora on platelets: possible consequences in cardiovascular disease. *J Periodontol* 1996; 67(supplement 10) :1138-42
- {32} Haraszthy VI, Zambon JJ, Trevisan M, Zeid M, Genco RJ. Identification of periodontal pathogens in atheromatous plaques. *J Periodontol* 2000;71:1554-60
- {33} De Oliveira C, Watt R, Hamer M. Toothbrushing, inflammation, and risk of cardiovascular disease: results from Scottish Health Survey. Department of Epidemiology and Public Health, University College London, London WC1E 6BT, 2010 May 27. *BMJ* 2010;340:c2451
- {34} Neill, D. J., and H. I. Phillips. 1970, The masticatory performance, dental state, and dietary intake of a group of elderly army pensioners. *Br. Dent. J.* 128:581-585
- {35} Van der Bilt, A., L. W. Olthoff, F. Bosman and S. P. Oosterhave. 1993. The effect of missing postcanine teeth on chewing performance in man. *Arch. Oral Biol.* 38:423-429
- {36} Wayler, A. H., K. K. Kapur, R. S. Feldman, and H. H. Chauncey. 1982. Effects of age and dentition status on measures of food acceptability. *J. Gerontol.* 37:294-299
- {37} Willet, W. C. 1990. Diet and coronary heart disease, p. 341-379. *In* W. C. Willet (ed.), *Nutritional epidemiology*, Oxford University Press, New York, N. Y.
- {38} Scannapieco, F. A., and j. M. Mylotte. 1996. Relationships between periodontal disease and bacterial pneumonia. *J. Periodontol.* 67:1114-1122
- {39} **Retinopathy:** Any disease of the retina, the light-sensitive membrane at the back of the eye. The type of retinopathy is often specified. Arteriosclerotic retinopathy is retinal disease due to arteriosclerosis ("hardening of the arteries"). Diabetic retinopathy is retinal disease associated with diabetes. Hypertensive retinopathy is retinal disease due to high blood pressure. Etc.
<http://www.medterms.com/script/main/art.asp?articlekey=22185>
- {40} **Neuropathy:** Any and all disease or malfunction of the nerves.
<http://www.medterms.com/script/main/art.asp?articlekey=11749>
- {41} **Macrovascular disease:** Disease of the large blood vessels, including the coronary arteries, the aorta, and the sizable arteries in the brain and in the limbs. Macrovascular disease is by contrast to microvascular disease. In persons with diabetes, chronic hyperglycemia (assessed by glycosylated hemoglobin level) is related to the development of microvascular disease; however, the relation of glycosylated hemoglobin to macrovascular disease is less clear.
<http://www.medterms.com/script/main/art.asp?articlekey=39259>
- {42} **Nephropathy:** Any kidney disease. For example, there is diabetic nephropathy, gouty nephropathy, HIV-associated nephropathy, ischemic nephropathy, sickle cell nephropathy, and so on.
<http://www.medterms.com/script/main/art.asp?articlekey=7872>
- {43} Loe H. Periodontal disease: the sixth complication of diabetes mellitus. *Diabetes Care* 1993;16(1):329-334
- {44} Taylor GW, Borgnakke WS. Periodontal disease: associations with diabetes, glycemic control and complications. *Oral Dis* 2008;14(3):191-203
- {45} Journal of the American Dental Association, 2008 October; 139:19S
-

References and citations (continued)

- {46}** Moore PA, Guggenheimer J, Etzel KR, Weyant RJ, Orchard T. Type 1 diabetes mellitus, xerostomia, and salivary flow rates. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2001;92(3):281-291
- {47}** Ebersole JL, Hold SC, Hansard R, Novak MJ, Microbiologic and immunologic characteristics of periodontal disease in Hispanic Americans with type 2 diabetes. *J Periodontol* 2008;79(4):637-646
- {48}** Graves DT, Liu R, Alikhani M, Al-Mashat H, Trackman PC. Diabetes-enhanced inflammation and apoptosis: impact on periodontal pathology. *J Dent Res* 2006;85(1):15-21
- {49}** Cianciola L, Park B, Bruck E, Mosovich L, Genco R. Prevalence of periodontal disease in insulin-dependent diabetes mellitus (juvenile diabetes). *JADA* 1982;104(5):653-60
- {50}** Ervasti L, Knuuttila M, Pohjamo L, Haukipuro K. Relation between control of diabetes and gingival bleeding. *J Periodontol* 1985;56(3):154-7
- {51}** Shlossman M, Knowler WC, Pettitt DJ, Genco RJ. Type 2 diabetes mellitus and periodontal disease. *JADA* 1990;121(4):532-6
- {52}** Emrich LJ, Shlossman M, Genco RJ. Periodontal disease in noninsulin dependent diabetes mellitus. *J Periodontol* 1991;62(2):123-31
- {53}** Miller LS, Manwell MA, Newbold D, et al. The relationship between reduction in periodontal inflammation and diabetes control: a report of 9 cases. *J Periodontol* 1992;63(10):843-8
- {54}** Grossi SG, Skrepcinski FB, DeCaro T, Zambon JJ, Cummins D, Genco RJ. Response to periodontal therapy in diabetics and smokers. *J Periodontol* 1996;67(supplement 10):1094-102
- {55}** Syrjanen J, Valtonen VV, Iivanainen M, Kaste M, Huttunen JK. Preceding infection as an important risk factor for ischaemic brain infarction in young and middle aged patients. *Br Med J (Clin Res Ed)* 1988;296:1156-60
- {56}** Grau AJ, Buggle F, Ziegler C, et al. Association between acute cerebrovascular ischemia and chronic and recurrent infection. *Stroke* 1997;28:1724-9
- {57}** Journal of the American Dental Association, 2002 June;133:235
- {58}** Wu T, Trevisan M, Genco RJ, Dorn JP, Falkner KL, Sempose CT. Periodontal disease and risk of cerebrovascular disease: the first National Health and Nutrition Examination Survey and its follow-up study. *Arch Intern Med* 2000;27:49-55
- {59}** Journal of the American Dental Association, 2003 February, 134;156-158
- {60}** Joshipura KJ, Ritchie CS, Douglass CW. Strength of evidence linking oral and systemic disease. *Compend Contin Educ Dent* 200;21(supplement 30):12-23
-