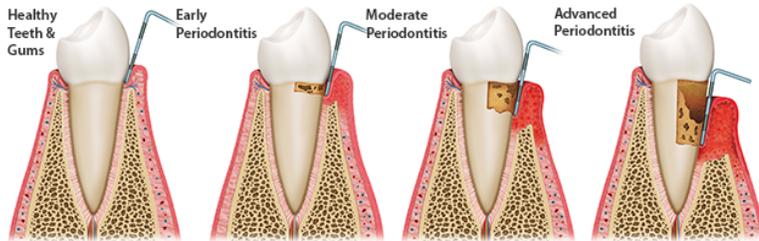




Gum Disease (Periodontitis)

Gum disease, or the clinical term periodontitis, is present in 75% of the adult population and can exist in varying stages. The presence of gum disease is determined during a routine periodontal examination, which includes a gentle probing of the areas between teeth and the gums, which dentistry calls "gum pockets" when measuring the depths of the pockets. The deeper the measurement, the more severe and advanced is the stage of the gum infection.

Healthy teeth and gums are indicated by a pocket depth of 1 to 3 millimeters, with no bleeding or sensitivity. Healthy gums appear pinkie in color and the gum tissue closely hugs the teeth.



Early on-set of gum disease, known as "Gingivitis" is indicated by pocket depths of 3 to 4 millimeters. Gingivitis is caused when bacteria start to multiply within the plaque that sticks to the tooth's surface and creeps into the pocket, causing red and slightly inflamed, infected gum tissue. If Gingivitis is left untreated, the condition may continue to advance to a more aggressive form of the disease. The symptoms become more visible, with tender, very swollen gums that bleed easily. The pockets can now reach 5 to 7 millimeters in depth.

In this more advanced stage

"generalized chronic gum disease", the bacteria multiply and invade the swollen gum tissues and begin to destroy the bone that hold the teeth in place. Recommended treatment may include: scaling and root planning, a type of "Deep Cleaning" that goes below the gum line. A locally delivered antibiotic, such as Arestin, will be gently placed into the gum pocket that will continue to fight the infection and allow the gum tissue to heal.

Lastly, if no treatment is taken, the pockets will progress to 8-9 millimeters or more and further deterioration of the teeth and surround bone occurs. The teeth will become loose and roots will become exposed, the teeth will tend

to spread creating open spaces, as additional bone is lost. Just as serious and more important

to overall health, the bacteria and their toxins will now invade the damaged blood vessels in the gum tissues and travel to vital organs in the body, such as the heart, liver, and can result in coronary attack or stroke and create other health care issues. Dentistry now understands that diabetic patients will improve their sugar control metabolism if they have healthy gums free from the bacteria and their toxins.

In all cases, gum disease is a treatable condition only if detected early on, and can be reversed with good patient home care and regulars periodic recall visits to the dentist. The more advanced forms

Inside This Issue

Gum Disease	1
Special Needs Members	1
Language Assistance	2
Inquiries & Complaints	2
Who is your Primary Care Dentist?	2
Disclosure of Review Processes	2

Dental Care For Special Needs Members

Special needs members need regular dental care. A healthy mouth helps a person eat well, and avoid pain and tooth loss. Brushing and flossing every day and seeing the dentist regularly can make a big difference in the quality of life for a special needs member, and regular visits to the dentist are important. A 'get acquainted' visit with no treatment provided might help. The member can meet the dental office staff, sit in the dental chair if he or she wishes, and receive instructions on how to brush and floss. This type of visit can go a long way toward making future dental appointments go easier.

Parents and/or caretakers can also make dental appointments easier by being prepared. You may be asked to provide the special needs member's dental history and you should bring their complete medical history. This will assist the dentist in providing the best possible care in the safest environment.

of gum disease cannot be fully reversed and treatment becomes very costly and time consuming. Your dentist will recommend the most effective course of treatment for your particular stage of gum infection.

