

Periodontal Disease - Are We Doing Enough?



An Interview with Dr. Ron Schefdore

What is the appropriate line between the practice of medicine and dentistry?

Schefdore: Research shows that periodontal disease can elevate cholesterol, glucose levels, and C-reactive protein levels, so it is within the scope of dentistry to screen these blood levels. Dentists can early detect for some of the biggest health issues today like diabetes, pre-diabetes, heart attack and stroke risk by performing blood screening before and after periodontal treatment. Visit www.pharmaden.net and when you're in the "Media" section, view the video of the patient diagnosed with early colon cancer because of our blood screening tests and referral to his physician. Patients visit the dentist more often than physicians so we are in the perfect position to screen for conditions before they become life threatening. I love to do cosmetic dentistry but there are not many things more rewarding to a dentist and his/her staff than improving our patients' health or having a hand in saving their lives with early detection blood screening.

Do you think that physicians should be referring their patients with systemic conditions to the dentist or the other way around?

Schefdore: It must go both ways. Here's an example: since diabetes is such a big issue in the U.S., Asia and India, a knowledgeable and caring physician will refer patients diagnosed with diabetes or pre-diabetes to the dentist like they would any other medical colleague for an "oral physical." This will happen much more often when every dentist diplomatically educates physicians about the glucose/periodontal disease connection. Ob/Gyn physicians do refer to dentists because they clearly understand the connection between low birth weight/premature birth due and periodontal disease. Seeing improvements in blood chemistry really excites dental staff. This excitement is important because the doctor and staff will start telling the world how important dentistry is for overall wellness. Eventually all health providers will get the message that dentistry must be the first stop in a patient's overall health.

How would you characterize the proper treatment of periodontal disease? Is it something beyond scaling and root planing and three- and four-month re-care visits?

Schefdore: It is frustrating treating patients with scaling and root planing only to have to do it again in two to three years. We found much better short- and long-term periodontal outcomes by addressing four areas: bacterial reduction (office and home), nutritional and oxidative stress specific to the oral cavity, underlying medical problems, and home compliance. There are other issues but we find these are the most important.

How long have you been using this protocol in your practice?

Schefdore: We've used this protocol for 10 years along with other dentists we have trained. The blood test portion, which was the most recent addition, was introduced about five years ago in my practice. After obtaining my Clinical Laboratory Improvement Amendments (CLIA) license to take moderately complex lab tests (hsCRP) in the dental office, the government wouldn't allow any other dentists to get this license. The hsCRP test detects the level of inflammation in the patient's body. Today,

In this interview with Dentaltown Magazine's Editorial Director Dr. Thomas Giacobbi, Dr. Ron Schefdore shares his thoughts on the link between periodontal disease and systemic health and what dentists can do to better address the cause of periodontal disease. According to Dr. Schefdore, perhaps it is time to treat periodontal disease like the systemic condition it appears to be.

dentists do not require a license to perform these blood screening tests because there are new FDA-approved finger-stick tests for the dental office. These tests kits have a patient consent form, instructions and all materials necessary to easily perform the test at the office or in the comfort of the patient's house. In addition, the dentist and the patient receive a professional report from the lab. These lab kits are about eight times cheaper than if you go into a hospital or a blood lab to get for the same test yet just as accurate.

In your practice and in your experience, are the tests something that are covered by insurance? Also, how is that process handled in terms of presenting that to the patient?

Schefdore: When it comes to treatment, patients ask themselves, "How much money? How long? Will it hurt? How can I comfortably pay for it?" We train dental offices to address these questions before they come up with our DVD, manual, and one-hour teleconference. We also suggest presenting a total periodontal treatment package price to the patient. This eliminates confusing the patient. Medical and dental insurance at this time do not cover the three blood tests. The three tests cost dentists \$70, which is much less than a lab bill when doing a crown. These three tests would cost \$350, a vial of blood and a separate appointment at the hospital. If this blood fee at my office ever becomes an issue to a patient I just credit the patient's account \$70. I only did this twice in five years.

Is there a liability issue for the dental office that is performing these kinds of tests? In other words, if I do a cholesterol test on my patient and he has elevated cholesterol, is he my burden until I make sure he has seen a physician for proper treatment?

Schefdore: Absolutely there is a liability issue but there is a way to eliminate it. My malpractice carrier told me that if I report inaccurate blood chemistry to a patient and a lawsuit became of it, I am not covered by them. The way around it is to use the test kits because they have the patient consent form and the lab is sending the patient and dentist the blood report. It is the lab's responsibility to accurately report the blood results. Since the patients have possession of the easy-to-read screening report, they can never say they did not know. The responsibility is on the patient to use your screening tests to show their physician.

What if a physician says to you, "If you suspect that the patient has other medical conditions due to your diagnosis of periodontal disease, shouldn't you just send the patient to me to be worked on for those diseases and potentially others rather than getting the results and then sending them over?"

Schefdore: That's a good question. The physicians here in Chicago told me I need to get the periodontal issues solved first since it can elevate blood chemistries so they can make an accurate diagnosis and prescribe the correct dosage of medicine. The Healthy Heart Dentistry program many times shows very significant drops in elevated blood chemistry levels so the dentist must to their job first. I had one patient drop 40 points in eight weeks on his cholesterol. This is not a typical result. But If he had gone to the physician first he would have certainly been on statins. Another patient significantly reduced her blood glucose with our program and stopped taking her diabetic medicine with her physicians' guidance and approval!

You had mentioned that these results are different at the beginning of treatment. Are you repeating the tests after the periodontal treatment is complete?

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Schefdore: Yes, this is a must. If there is more than a slight elevation in glucose, we refer patients right away for additional testing and a diagnosis at their physician's office. The tests kits that we use are the only FDA-approved finger-nick tests for diabetics because it is an instant glucose test and an A 1-C, which is the average glucose for three months. Both tests together are very accurate.

What would you recommend to dentists who are interested in providing this level of care for their patients? What would your recommendations be for dentists to educate the local physicians?

Schefdore: Dentists and hygienists have to become knowledgeable on blood testing because we have not been trained in this area. It is interesting that five percent of the dental offices that have used the diabetics risk assessment test to screen their staff have identified a diabetic staff member! Dental offices really have to go through the Healthy Heart Dentistry program and get up to speed on how to present periodontal disease and how to achieve better outcomes. We have a nice letter to fax to physicians explaining the blood test results and the periodontal systemic connection. It is a great tool to use to start educating the physician how we can help keep people well and to help early detect some medical issues. By sharing before-and-after blood tests results with physicians, they feel that the dentist is speaking their language. We found that it takes about a year to a year and a half of continually educating a physician and showing them before-and-after blood test results before they will start referring to a dentist. Anything new takes some time.

Let's say a patient comes into your practice, you diagnose periodontal disease, you recommend a course of treatment but the patient rejects it. Maybe the patient only wanted scaling but he/she didn't want to do the nutraceuticals or the blood tests. How do you handle that?

Schefdore: I had that problem years ago and figured out the right words to use to achieve a high patient acceptance to my treatment. We also figured out how to have them gladly refer their friends to our office. The step-by-step DVD, manual and one-hour teleconference with the staff will get any practice up to speed. It comes down to training and being able to explain this to the patient so you do get a high acceptance rate and appreciation for performing treatment. Perceived need is the reason people buy. Appreciation is the reason people refer.

If you tell a patient he has gum disease and he doesn't want to have scaling and root planing, do you discharge him from your practice if he is not willing to accept recommendations?

Schefdore: We find out why they do not accept treatment. Usually the problem is that one of the steps that we teach on patient presentation was skipped. If we go back and do the skipped step properly the patients almost always gladly accepts treatment. It is a very rare situation that we cannot find some sort of solution to their issue of not starting treatment.

What would you say to dentists out there who are providing more traditional approaches to treating periodontal disease?

Schefdore: We evolve and we grow in medicine and dentistry as time goes on. The time has come for dentists and hygienists to address the underlying medical issues and nutritional issues that can cause poor oral health. Our profession is in the perfect position to improve the health of dental patients through early detection. It is a paradigm shift in thinking but by being concerned about our patients' health they are healthier and dental offices attract more appreciative, referring patients. ■

Interviewee's Bio

Ronald L. Schefdore, DMD, is the creator of Healthy Heart Dentistry programs, and author of the book *Better Service, Better Dentistry, Better Income*. He practices full time general dentistry near Chicago and has been in the top 10 percent of dental practice incomes consistently over the past 25 years. For more information, please visit www.pharmaden.net and www.healthyheartdentistry.com.