

A Breakthrough for Better Health

The Medical-Dental Connection



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Many people experience painful and bloody cleanings when visiting their dental office. When they hear of an office that provides a more comfortable dental cleaning and shows concern for their overall health, they gladly switch dentists and tell all of their friends about their new dental office.

Heart attacks, strokes, and cancer are the 3 biggest killers in the United States. According to the Centers for Disease Control and Prevention, diabetes increased 54% in the past 10 years, and millions of people are thought to be undiagnosed. Ten years ago, according to research, 10.3 million people in the United States had diagnosed diabetes, which was 6 times as many as in 1958; now diabetes is the fourth largest cause of death throughout the world.

Today, dentists can incorporate a new, proven home hygiene program and gentler treatment so patients can experience comfortable and bloodless dental checkups. The pro-

Hopefully the information in this article helps all dentists worldwide provide better service, better dentistry, better income, and better health to their patients and family. The dentist today is in a perfect position to be the “first stop” in improving everyone’s health.

gram is designed to decrease relapses of periodontal disease, order proper blood tests on periodontal patients to screen for possible unsuspected health issues, and create awareness with physicians and the public that the first stop in everyone’s oral health and overall health is at the office of their general dentist-oral physician.

A NEW HYGIENE PROTOCOL

For years colleagues and I noticed that many periodontal patients receiving traditional scaling and root planing treatment and home hygiene instructions relapsed in 2 to 3 years or less. Hundreds of our dental clients admitted on a survey that most of their patients will not floss daily, and most have significant bleeding and are uncomfortable when getting their teeth cleaned at the dental office. This



Figure. The author is shown with the blood-testing equipment used in his laboratory. Note that it is small enough to fit into any operator.

high percentage told us that the floss-and-brush home hygiene program was failing miserably. In order to control bleeding gums, painful checkups due to chronic inflammation, halitosis, and systemic problems for our patients, a more compliant, patient-driven home hygiene program was developed. Due to patient demand for comfort, an effective and gentler scaling and root planing treatment for the patient was also developed.

When patients are told they have periodontal disease, we build trust by demonstrating our gentle scaling technique on one of their inflamed quadrants. We found that by demonstrating treatment to patients in their own mouth before they had a chance to be concerned about it, our patient acceptance for treatment and willingness to learn a new home hygiene program to eliminate bloody and painful cleanings skyrocketed. The dental

offices that use our system tell us they see an improvement in patient referrals, income, home-care patient compliance, reduction of pocket depths, bleeding upon probing, halitosis elimination, sensitive teeth, and periodontal disease relapse (testimonials available). It is not within the scope of this article to go through the entire protocol, which is discussed in detail during my seminar, staff training DVD, and phone conference with your team and myself. However, I would like to focus on the newest addition to our protocol: blood testing.

BLOOD TESTING

The liver develops C-reactive protein (CRP) in response to inflammation. According to the *New England Journal of Medicine*, C-reactive protein is a more accurate indicator of a heart

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attack and stroke than high cholesterol. Bacterial aggregation on teeth at the gingival crevice, causing a chronic inflammatory condition, is normally the cause of gums that bleed easily when having a periodontal exam. Other less common reasons could be due to pregnancy, stress, medication, a number of nutritional deficiency states including scurvy (vitamin C deficiency) and pellagra (niacin deficiency), leukemia, thrombocytopenia, and uncontrolled diabetes. Due to the modern American diet and increase in obesity, nutritional concerns are part of the problem in heart attacks, strokes, diabetes, cancer, and periodontal health.

The dentist can order blood tests that can be performed at the hospital, local blood lab, or inside a dental office. About 3 years ago I started ordering a high-sensitivity C-reactive protein (hsCRP) test because it becomes elevated with an inflammatory condition. According to researchers, there is twice the risk when hsCRP is at 1, triple the risk for a future cardiovascular event when hsCRP is at 3, and 5 times the risk of a future hsCRP when it is between 5 and 10. More than 50% of my periodontal patients have a hsCRP between 2-10! In addition, periodontal disease can elevate HbA1c (blood sugar), and millions of people are thought to be undiagnosed. Long-term undiagnosed diabetics and uncontrolled diabetics will never achieve a healthy periodontal condition regardless of any treatment we render to them. Diabetics with periodontal disease have a 7 times greater incidence of cardiovascular events. Glycosylated hemoglobin or HbA1c is a test that indicates how much sugar has been in a person's blood during the past 2 to 4 months. It is used to monitor the effectiveness of diabetes treatment. Diabetes treatment should achieve glycosylated hemoglobin levels of less than 7.0%. Normal value for a nondiabetic person is 4.0% to 6.0%. We find that about 3% of patients exhibit an elevated HbA1c

Can a little chronic gum inflammation and bleeding be a warning that millions of Americans can have premature heart attacks, strokes, undiagnosed diabetes, or other systemic health issues?

level. Results require interpretation by a physician with knowledge of the person's clinical condition. We recommend dentists do *screening only* and *do not* diagnose any medical condition. Leave medical diagnosing to the patient's physician.

We started performing finger-stick hsCRP (major heart marker), HbA1c, and cholesterol screenings (heart marker) in our dental office about 1.5 years ago. We were the first dental office in the nation to be certified to perform hsCRP, HbA1c, and cholesterol screenings inside the dental office (Figure). The dentist must take a series of written exams at a medical school to become a medical director of a moderately complex blood laboratory. However, there is no certification needed to perform HbA1c or cholesterol screenings. In-office testing allows the office to give patients the results within 15 minutes at a very low cost. Before testing, patients are informed that according to research, periodontal disease could possibly raise hsCRP, HbA1c, and cholesterol levels, and we would like to see what these levels are. We explain to the patient that if the elevated levels do not go down after our treatment, then there is a possible underlying medical condition.

Patient acceptance of the finger-stick blood test is about 100%. The dentist gives a copy of the results to the patient and does not diagnose any disease or condition. Patients are told to share the results with their physician. Almost every patient that had elevated levels elected to improve or eliminate the possible contributory chronic gum inflammation before they

would visit their physician to inevitably start a regimen of medicine. We are finding that about 65% of periodontal patients had elevated hsCRP levels in the moderate- or high-risk category.

The Journal of Periodontology reported in October 2006 that according to all available research, CRP levels do not fall when scaling and root planing is performed on periodontal patients. As an adjunct to treatment, our protocol adds specific biological plant extracts, natural anti-inflammatories, selected co-enzymes, and specific vitamins to strengthen and support the oral cavity tissues and host resistance. Dentists who use this protocol are finding that hsCRP levels and HbA1c levels drop significantly in most cases. I am not making any claims, but am saying this for educational purposes. It is the author's hope that dental schools perform a double-blind study on a large patient pool duplicating our treatment protocol and products used, to verify these exciting results. These findings could help improve the health of millions of people worldwide and can elevate the entire dental profession to be viewed as oral physicians as well as the starting point for people who want to be healthy.

If CRP levels do not drop (rare) after our dental treatment and anti-inflammatory periodontal nutrition regime, then we again refer the patient to his or her physician to find the underlying medical condition. Regardless of the results, we fax a letter to the patient's physician that includes the results of our blood tests and information on the logic behind our office taking the tests, and suggest starting a mutual referral relationship. This is a professional way to pass the health liability over to the patient and his or her physician. Physicians have detected cancer, arthritis, gout, and other inflammatory conditions because of our referral to their offices.

Besides the obvious benefit of showing patients the improvement in their blood work after scaling treatment and our home hygiene program, other benefits quickly

became apparent. Blood testing is a great way to open the door to communication with all area healthcare professionals. When our office image changed to one of an oral physician and a general dental office, we noticed a significant increase in patient and professional healthcare provider referrals, improved patient acceptance of all treatment the dentist presented, improved staff morale, free media attention and third-party endorsement, increased income, and legal protection. Yes, patients are suing dentists for their poor health due to the recent overwhelming research on the oral-systemic connection. Naturally, attorneys are advertising to people online and through seminars about the oral-systemic connection, current research, and the dentists' liability. According to several of these attorneys that the author interviewed (an attorney interview is shown at my seminar), passing the health responsibility to the patient's physician by blood testing and our improved home hygiene protocol adds a tremendous amount of protection for the dentist and hygienist.

This new type of lawsuit for dentists is not the typical \$100,000 to \$300,000 dental lawsuit, but is in the medical lawsuit arena of millions of dollars. The focus of our profession during a periodontal exam is on periodontal pocket depth. On the other hand, the focus of lawyers to determine liability is on significant bleeding during the periodontal exam. The attorneys define significant bleeding (chronic inflammation and possible infection) as more than 10% of the pockets bleeding upon probing during the periodontal exam. Several attorneys informed this author that our profession must change its focus and treatment to early stage bleeding instead of advanced increase of pocket depth for better patient general health, better oral health, and medical lawsuit protection.

Can a little chronic gum inflammation and bleeding be a warning that millions of Americans can have premature heart attacks, strokes, undiagnosed diabetes, or

other systemic health issues? Large medical insurance companies now cover scaling and root planing in certain cases because they are convinced it will save them millions of dollars in payouts. Hopefully the information in this article helps all dentists worldwide provide better service, better dentistry, better income, and better health to their patients and family. The dentist today is in a perfect position to be the "first stop" in improving everyone's health. ♦

Note: Dr. Schefdore's dental facility has passed United States government inspection with no violations to maintain its certification as a moderately complex blood laboratory inside a dental office for his program, Healthy Heart Dentistry. To listen to his patient who was found to have early colon cancer due to his dental office blood screenings and the Healthy Heart Dentistry program, visit his Web site located at Pharmaden.net.

Relevant Research

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Disclosure:
Dr. Schefdore is chairman of *Pharmaden Neutraceuticals*.

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I then removed these veneers with my laser and used polishing cups to return his teeth to their pre-operative state. Using a reduction study model from the technician, I prepared his teeth for minimal-prep veneers, keeping the preparation strictly in enamel.

Two weeks later we placed the minimal-prep veneers, and were then able to compare the results with those of the no-prep veneers. I was fascinated to see the subtle differences between the two sets of veneers and you will be too."

Michael DiTolla, DDS, FAGD

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