Long Term Care Providers Annual Meeting November 10, 2021



Guy Deyton DDS FACD, Director Office of Dental Health Missouri Department of Health and Senior Services



Open WIDE! The Oral – Systemic Connection

This Lecture is Dedicated to:



Dr. Walter E. Deyton





"Don't Bury the Lede."

Tom Hanks as Washington Post Editor Ben Bradlee in "The Post"

- 1. Oral and systemic health and disease are closely interconnected.
- 2. Oral infections make other disease processes worse.
- 3. Systemic disease very often has cardinal oral signs occurring early in the disease process which is very helpful in diagnosis. (ex: Covid-19)





Open Wide! The Oral - Systemic Connection

Agenda

- 1. Introduce Myself and ODH.
- 2. <u>Share several compelling reasons LTCP should regularly incorporate an oral screening.</u> We'll review selected scientific literature on the relationship of oral infections with commonly occurring co-morbid diseases.
- 3. Show photos of normal and abnormal to prepare you to look.
- 4. Outline simple protocols to help LTC residents avoid oral infections
- 5. Briefly review ODH projects to improve access and oral health.



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Who the heck is guy.deyton@health.mo.gov?



John Wesley Deyton MD



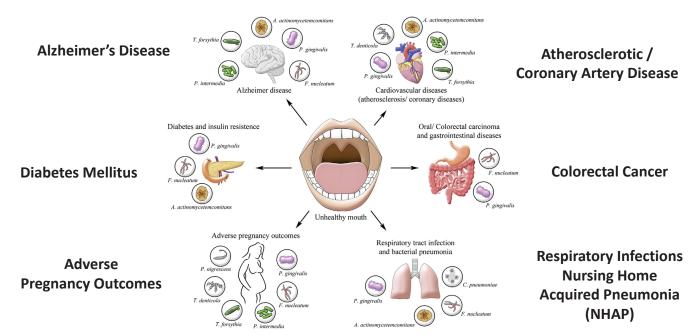
Family



Practice & Leadership



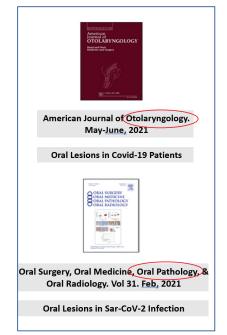
A PICTORAL REPRESENTATION OF THE ORAL-SYSTEMIC CONNECTION

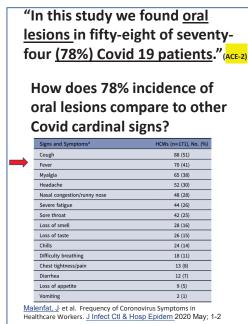


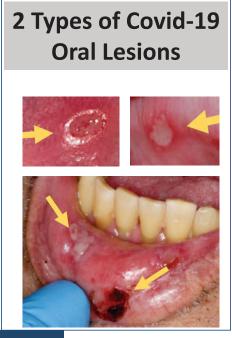
Source: Bui F., et al.. Association between periodontal pathogens and systemic disease. Biomed J. 2019 Feb;42(1):27-35



Reason #1: Covid-19 Oral Lesions - Their Incidence and Use in Screening.









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Open Wide! The Oral - Systemic Connection

Why should LTCP's say: "Open Wide"?

Because oral and systemic health & disease are closely interconnected and oral infections make other disease processes worse (sometimes significantly worse).



So you can appreciate the breadth of research, I'm going to circle the source of the scientific journals.



Open Wide! The Oral - Systemic Connection

Since 2000 there have been over 700 articles published in peer-reviewed scientific journals describing the co-morbid relationship of virulent oral infections with

- Atherosclerotic/Cardiovascular Heart Disease
- Adverse Pregnancy Outcomes
- Diabetes
- Stroke

- Rheumatoid Arthritis
- Kidney Disease
- Cancer
- Alzheimer's Disease



So you can appreciate the breadth of research, I'm going to circle the source of the scientific journals.



Open Wide! The Oral – Systemic Connection

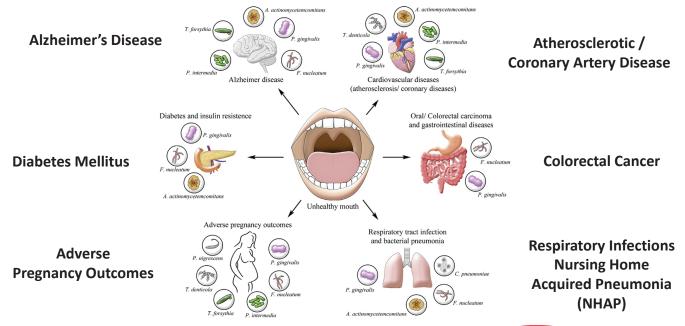
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- Kidney Disease
- Cancer
- Alzheimer's Disease



A PICTORAL REPRESENTATION OF THE ORAL-SYSTEMIC CONNECTION Based 0n 700+ Articles in Peer Reviewed Scientific Journals



Source: Bui F., et al.. Association between periodontal pathogens and systemic disease. Biomed J. 2019 Feb;42(1):27-35





Open Wide! The Oral – Systemic Connection

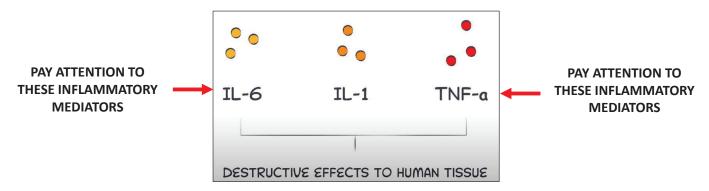
Key Take – Aways from Articles on Oral-Systemic Connection

- 1. Oral infections make many other disease processes worse (sometimes significantly worse).
- 2. <u>2 Etiological (disease development) Paths</u>:
 - Noxious oral pathogens spread readily via blood stream and infect downstream organs.
 - Oral pathogens incite an inflammatory cascade which then spreads and damages other target organs. (ie: Covid Cytokine Storm)





Oral pathogens incite an inflammatory cascade which then spreads and damages other target organs. (ie: Covid Cytokine Storm)



Slide from 'Cytokine Storm in Covid 19 Patients' - Beckman Coullter Covid 19 Video Series





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Reason #2: Periodontal Infection Adversely Affect
Atherosclerotic Heart Disease & Visa-Versa





Periodontal Infection and Atherosclerotic Vascular Disease

Patients with periodontal disease have a 2-3 times higher risk of developing coronary heart disease and experiencing a cardiovascular event like heart attack or stroke.

- Bahekar, A. et al. The prevalence and incidence of coronary heart disease is significantly increased in periodontitis: a meta-analysis. Am Heart 2007; 154: 830-7
- Aarabi et al. Interaction between periodontal disease and atherosclerotic vascular disease--Fact or fiction?
 Atherosclerosis. 2015 Aug; 241(2):555-60.
- Velsko, IM, et al. Active invasion of oral and aortic tissues by Porphyromonas gingivalis causally links periodontitis and atherosclerosis. PLoS One 2014; 9: e97811.
- Figuero, E, et al. Detection of periodontal bacteria in atheromatous plaque by nested polymerase chain reaction. J. Periodontology 2011; 82: 1469 e 77.





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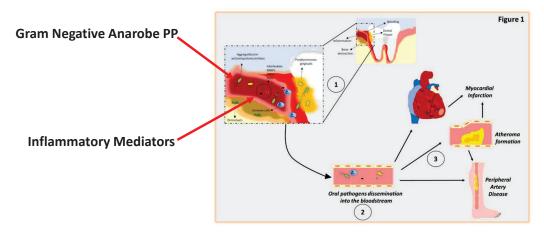
Periodontal Infection and Atherosclerotic Vascular Disease

- 2 Pathways have been suggested to explain the PD AHD relationship:
 - Blood-borne spread of virulent periodontal pathogens (PP): virulent gram-negative pathogens: Fusobacterium, P. Gingivalis, A. actinomycetemcomitans (AA) embed in and have been harvested from atherosclerotic plaque. (PP) cause an inflammatory response in artery linings adversely affecting endothelial function.
 - Blood-borne spread of inflammatory mediators is bi-directional: atherosclerotic artery disease and periodontal disease adversely influence each other via systemic spread of inflammatory mediators such as Interleukins (IL 1-b & IL-6) and Tumor Necrosis Factor Alpha. (TNF-α)





Periodontal Infection and Atherosclerotic Heart Disease



Source: Liccardo, D. et al. Periodontal disease: a risk factor for diabetes and cardiovascular disease. Int LMolecular Science 2019, 20(6):1414.





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Periodontal Infection and Atherosclerotic Heart Disease

- 22% of Seniors (<65) have Atherosclerotic Heart Disease (AHD). (CDC)
- Seniors (<65) have twice the incidence of strokes vs under 65 (CDC)
- Heart Disease was the leading cause of death in the US (Pre-Covid). (CDC)
- Periodontal disease is considered a contributing/complicating factor to AHD.
- Mandatory clearance from an oral healthcare provider is now required for all non-emergent coronary / cardiovascular surgery patients.
- Tx: Periodontal debridement and maintenance q 3 mo for AHD patients.





What Do You Do? - "Open Wide"

Signs

Deep Red inflamed gums around teeth

Gums Bleed Easily



Early Gum Infection

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Risks

Progressive
Infection may
cause Tooth Loss

Infection may become systemic and may initiate or complicate other diseases



Open Wide! The Oral – Systemic Connection

What Do You Look For?

Signs

- LocalizedSwelling
- 'Pustule'
- Fever (+/-)
- Pain (+/-)



Gum / Tooth Abscess



Risks

- Aggressive destruction of bone and tissue
- Facial Cellulitis
- Retrograde Encephalitis
- Systemic infection
- Do <u>NOT</u> facilitate drainage with pressure



What Does a Healthy Mouth Look Like?

What Should You Watch For?





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What Does a Healthy Mouth Look Like?

Gums

Homogenous Color

No Bleeding or Ulcers

Smooth, **Scalloped** Border



Normal Teeth & Gums

Teeth Uniform White Color **Normal** Size No Holes, **Fractures**





What Does a Healthy Mouth Look Like?

No Spots or Discoloration

No Ulcers

No Bumps, Divots, or Deep Fissures



Normal Tongue

Pink Homogenous Color

Smooth, Non-Scalloped Lateral Border





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What Does an Un- Healthy Mouth Look Like?

Signs

Deep curved indentations on lateral border of tongue



Scalloped Tongue

Etiology & Risks

- Most common cause: obstructive sleep apnea
- Tongue subconsciously positioned forward to maintain airway & presses vs inside surface of teeth.
- Refer for sleep study.





What Does an Un-Healthy Mouth Look Like?

Signs

Deep Red inflamed gums around teeth

Gums Bleed Easily



Early Gum Infection

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Risks

Progressive
Infection may
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Open Wide! The Oral – Systemic Connection

What Does an Un-Healthy Mouth Look Like?

Signs

Deep Red around teeth

Tissue Ulcerates
& Sloughs
Between Teeth

Gums Painful



ANUG Gum Infection

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Risks

Aggressive infection may become systemic and may initiate or complicate other diseases



What Does an Un-Healthy Mouth Look Like?

Signs

'Long' Teeth

Red, Loose, Withdrawn Gums

Plaque/Tartar

Black Gum Triangles



Late Stage Gum Infection

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Risks

Risk of systemic
infection
complication of
co-morbid
diseases is
proportional to
severity/virulence
of oral infections.



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Reason #3: Oral Infections May be the Leading Cause of Nursing Home Related Pneumonia



Proposed Project: Interventional Care for LTCF Residents

Oral Health Surveillance for Residents in Long Term Care Facilities



There are approximately 56,000 older adults that reside in 1183 licensed long-term care facilities in Missouri. (8/21)

When we examine them, this is what we often see:





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Oral Health Interventional Care for Residents in Long Term Care Facilities

Photos of Actual Long-Term Care Residents



Decay, Broken Teeth, & Biofilm



Plaque, Tartar, & Biofilm May Be Aspirated



Gum Abscesses May Cause Systemic Infection





Oral Health Interventional Care for Residents in Long Term Care Facilities

Accumulated plaque, tartar, & biofilm can be inhaled and cause aspirational pneumonia, a leading cause of death in nursing home residents.



Germs from Plaque, Tartar, & Biofilm Can Be Aspirated and Get into the Lungs

QuagliarelloV et al. Modifable risk factors for nursing home acquired pneumon(a.Clininfect Dis 2005; 40: 1-6
Singrant et al. A systematic review of preventive effect of oral hygiene on pneumonia and respiratory infections in elderly
J Am Geriatr Soc. 2008 Nov;56(11):2124-30.

It is estimated that inhaled oral infections in Long-term care residents is responsible for more that 50% of the aspirational pneumonia cases in that population.





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Reason #4: Periodontal/Oral Infection Adversely Affect Diabetes and Visa-Versa





Periodontal / Oral Infection and Diabetes

There is a strong bidirectional association between diabetes and periodontal disease. Periodontal inflammation makes glycemic control very difficult. Diabetes increases the risk for periodontitis.

- Quintero, A.J.; Chaparro, A.; Quirynen, M.; Ramirez, V.; Prieto, D.; Morales, H.; Prada, P.; Hernández, M.; Sanz, A. Effect of two periodontal treatment modalities in patients with uncontrolled type 2 diabetes mellitus: A randomized clinical trial J. Clin. Periodontol. 2018, 45, 1098–1106
- Teeuw, W. Gerdes, V. Loos, B. Effect of periodontal treatment on glycemic control of diabetic patients: a systematic review and meta analysis. Diabetes Care 2010; (33) 33-42.
- Artese H, et al. Periodontal therapy and systemic inflammation in type 2 diabetes mellitus: a metaanalysis. PLoS One. 2015;10(5):e0128344.
- Xavier, A. Ede, O. Correa, D. Periodontal status in children and adolescents with type 1 diabetes mellitus. Arg Bras Endocrinol Metabol 2009; (53) 348.





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Periodontal Disease (PD) and Diabetes (DM)

- 2 Pathways have been suggested to explain the PD AHD relationship:
 - Blood-borne spread of virulent periodontal pathogens (PP): virulent gram-negative pathogens: Fusobacterium, P. Gingivalis, A. actinomycetemcomitans (AA) embed in and have been harvested from atherosclerotic plaque. (PP) cause an inflammatory response in artery linings adversely affecting endothelial function.
 - Blood-borne spread of inflammatory mediators is bi-directional: atherosclerotic artery disease and periodontal disease adversely influence each other via systemic spread of inflammatory mediators such as Interleukins (IL 1-b) and Tumor Necrosis Factor Alpha. (TNF-α)





Periodontal Disease (PD) and Diabetes (DM)

- Approximately 26.8% or 14.3 million Senior Citizens (<65) in the US
 population have some form of diabetes (American Diabetes Assn www.diabetes.org)
- Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia due to a defect in insulin production by pancreatic b cells (type 1 diabetes), a decrease in insulin sensitivity (type 2 diabetes), or a combination of both.
- Periodontal disease is now considered a contributing/complicating factor
 to both Type 1 and Type 2 Diabetes





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Periodontal Disease (PD) and Diabetes (DM)

- Diabetics are approximately 22% more likely to have PD than non-diabetics (De Miguel-Infante et al. Periodontal disease in Adlults with diabetes. Int J Clin Practice) 2018, Nov 16)
- It is virtually impossible for Type 1 diabetics to maintain glycemic control if they have unresolved periodontal disease. Diabetic patients with severe periodontitis are 6 times more likely to have poor glycemic control than patients with healthy periodontium. (Costa, F et al. Progression of Periodontitis & tooth loss associated with glycemic control. J Perio. 2013, May: 595-605)





Periodontal Disease (PD) and Diabetes (DM)

- Treatment for PD reduces serum levels of inflammatory mediators known to exacerbate DM. (Artise et al. Plos One. 2015;10(5)
- Treatment for PD improves HbA1C levels. (Quintero et al. Effect of two treatment modalities in patients with uncontrolled type 2 diabetes J. Clin Periodontol. 2011, 38, 894-901.





Open Wide! The Oral – Systemic Connection

Periodontal Disease (PD) and Diabetes (DM)

- Diabetics are approximately 24% more likely to have PD than nondiabetics
- It is virtually impossible for Type 1 diabetics to maintain glycemic control if they have unresolved periodontal disease. <u>Diabetic patients with severe periodontitis are 6 times more likely to have poor glycemic control than patients with healthy periodontium. (Costa, F et al.)</u>
- <u>Treatment for PD reduces serum levels of inflammatory mediators</u> known to exacerbate DM. (Artise et al)
- Treatment for PD improves HbA1C levels. (Quintero et al. Effect of two treatment modalities in patients with uncontrolled type 2 diabetes. J. Clin Periodontol. 2011, 38, 894-901.

 Missouri Department of Dental Health

 Dental Health



Reason #5: Periodontal Infection Adversely Affect Rheumatoid Arthritis

There is a strong association between periodontal infections and the development of RA in patients who are susceptible.



Kaur S, Bright R, Proudman SM, Bartold PM. Does periodontal treatment influence clinical and biochemical measures for rheumatoid arthritis? A systematic review and meta-analysis. Seminars in Arthritis and Rheumatism. 2014; 44(2): 113-122.





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Periodontal Infection and Rheumatoid Arthritis

Rheumatoid arthritis is a chronic inflammatory disorder that is activated in susceptible hosts is by autoantibodies. Research shows a periodontal pathogen AA, (aggregatibacter actinomycetemcomitans) can trigger the formation of autoantibodies to initiate or accelerate RA episodes.



Kaur S, Bright R, Proudman SM, Bartold PM. Does periodontal treatment influence clinical and biochemical measures for rheumatoid arthritis? A systematic review and meta-analysis. Seminars in Arthritis and Rheumatism. 2014; 44(2): 113-122.





Periodontal Infection and Rheumatoid Arthritis

Treatment of periodontal disease in patients with RA has led to reductions in some markers of disease activity in RA patients (ESR, TNF- α titers, and disease activity scores).



Abbasi, J. To Prevent Rheumatoid Arthritis, Look Past the Joints to the Gums. JAMA. 2017; 317(12): 1201-1202.



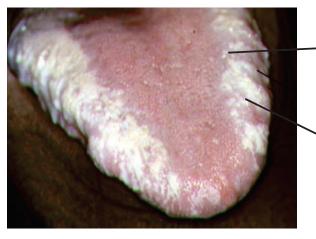


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Reason #6: Compromised Immune System

Multiple Etiologies:

- ↓ Immune System
- Dysbiotic Balance (Yeast)
- Epstein Barr
- Tx: Fluconazole / Nystatin oral suspension; follow with anti-viral (Famvir). Resolve in 3 wks or refer.



'Hairy' Leukoplakia

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White Non-Painful Coating on Tongue, Cheeks, inside lips

Usually Raised, Irregular Surface

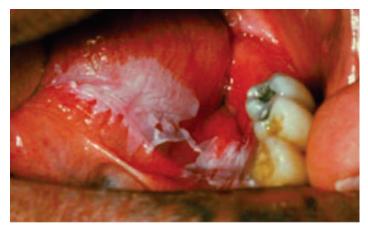
(Cade, J. Burgess, J. Hairy Leukoplakia: Pathophysiology, Presentation, & Treatment. Medscape, June 11,2021)



Reason #7: Oral Cancer

Etiology:

- Chronic Insult
- EtOH
- Tobacco



Appearance / Symptoms:

- Red or White
- Usually Asymptomatic

Probable Squamous Cell Carcinoma in Patient with hx of ↑ EtOH Intake





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Reason #7 Motivation







Chewing Tobacco and Oral Cancer
Gruen Von Behrens: Dx Oral Ca. age 17, Died Age 38. Anti-Smokeless Tobacco Activist







Reason #8: Oral Signs May Be the Easiest Way to Screen for Obstructive Sleep Apnea





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Sleep Apnea in Seniors Over 65

Risks:

Incidence

It is estimated that 56% of Seniors (<65) may suffer from obstructive sleep

apnea. (N=1052)

(Bradley, T. et al. Recognition and Diagnosis of Obstructive Sleep Apnea in Older Americans.

J Am Geriatric Soc. (66) 7, Jul, 2018;1296-1302)



OSA is a risk factor for:

- Resistant
 Hypertension
- Cardiac Arrhythmias
- Heart Failure
- Heart Attacks
- Cognitive Disorders

(Tietjens, J. et al. Obstructive sleep apnea and cardiovascular disease.

J Am Heart Assn. (8) 1, Jan, 2018; 1296-1302)

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Sleep Apnea and Cognitive Dysfunction in Seniors Over 65

Fractionated sleep in N3 stage causes short term memory loss, but improves w/tx.



Intermittent
hypoxia causes
irreversible brain
change

Legault, J. et al. Obstructive Sleep Apnea & Cognitive Deciine. J Brain Sciences. (11) 2021;706)

Legault, J. et al. Obstructive Sleep Apnea & Cognitive Deciine. J Brain Sciences. (11) 2021;706)





Open Wide! The Oral – Systemic Connection

Why should LTCP's say: "Open Wide"?

- 1. Because oral and systemic health & disease are closely interconnected and <u>oral infections make other disease</u> <u>processes worse</u> (sometimes significantly worse).
- 2. Systemic diseases very often has cardinal oral signs occurring early in the disease process and that's very useful in diagnosis. (ex: Covid-19)









How Can You Help Long Term Care Residents Avoid Oral Infections?

1. Look! If it doesn't look right, refer!







Plaque, Tartar, & Biofilm May Be Aspirated



Gum Abscesses May Cause Systemic Infection

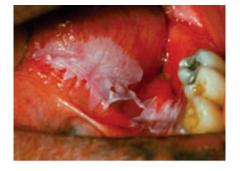




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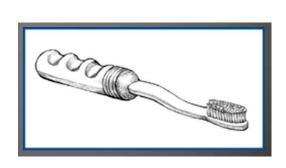




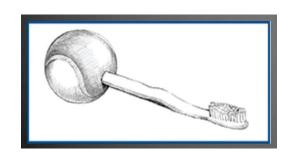


How Can You Help Long Term Care Residents Avoid Oral Infections?

2. If you see food, plaque, & tartar: Make Oral Hygiene Easier! (A quick review of hygiene aides)









3. 'De-crud' dentures and partials. Arrange nightly soaks.

If dentures
look like this:



Don't put it in their mouth without cleaning!





How Can You Help Long Term Care Residents Avoid Oral Infections?

3. 'De-crud' dentures and partials. Arrange nightly clean/soaks.



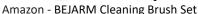






Clean





Efferdent Soak Repeat 3/Week

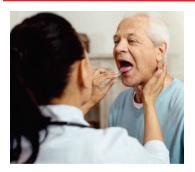


Buergers, R. et al. Efficacy of denture disinfection methods in controlling Candida albicans colonization in vitro. Acta Odontologica Scandinavica, 66:3, 174-180





4. Arrange for Annual Screening Exams, even denture wearers.



 Oral Cancer: Seniors (>55) account for about 80% of 54,000 mouth/throat cancers dx each year and 8000 deaths. Avg age = 63.

https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/about/key-statistics.html





How Can You Help Long Term Care Residents Avoid Oral Infections?

4. Arrange for Annual Screening Exams, even denture wearers.



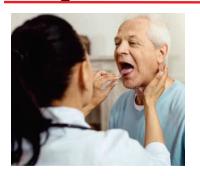
•Gum disease. A high percentage of older adults have gum disease: 2 in 3 (68%) seniors (>65) have gum disease.

Eke PI, Dye BA, Wei L, et al. Update on prevalence of periodontitis in adults in the United States: NHANES 2009 to 2012. J of Periodontology. 2015;86(5):611-622.





4. Arrange for Annual Screening Exams, even denture wearers.



•Oral-Systemic Disease Connection: Oral infections make systemic disease worse.

Bui F., et al.. Association between periodontal pathogens and systemic disease. Biomed J. 2019 Feb;42(1):27-35





How Can You Help Long Term Care Residents Avoid Oral Infections?

5. Treat Dry Mouth: It's the precursor to decay & infections...



3 Leading Causes:

- Medications
- Aging
- Radiation of head & neck

https://www.mayoclinic.org/diseases-conditions/dry-mouth/





5. Treat Dry Mouth: It's the precursor to decay & infections...



Saliva helps prevent tooth decay by:

- neutralizing acids,
- limiting bacterial growth, and
- encapsulating bacteria.

Frenkel ES, Ribbeck K. Salivary mucins in host defense and disease prevention. J Oral Microbiol. 2015 Dec 22;7: 29759.





How Can You Help Long Term Care Residents Avoid Oral Infections?

- 1. Look! If it doesn't look right, refer!
- 2. If you see food, plaque, & tartar: consider making oral hygiene easier! (A quick review of hygiene aides)
- 3. 'De-crud' dentures and partials. Arrange nightly soaks.
- 4. Annual screening exams 1 /year.
- 5. Treat dry mouth: precursor to decay & other infections.





ODH Projects & Grant Proposals

- 1. Interventional Oral Health Care for LTCF Residents
- 2. <u>Community Water Fluoridation</u>: reduces everyone's decay by 30% for a lifetime.
- 3. <u>WIC Preventative Services Program</u>: Reduces risk of decay and periodontal infections in WIC mothers & children.
- 4. <u>School Based Preventative Services Program</u>: Reduces decay in high-risk children.





Open Wide! The Oral - Systemic Connection

Oral Health Interventional Care for Residents in Long Term Care Facilities

. Accumulated plaque, tartar, & biofilm can be inhaled and cause aspirational pneumonia, a leading cause of death in nursing home residents.



Germs from Plaque, Tartar, & Biofilm Can Be Aspirated and Get into the Lungs

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A PICTORAL REPRESENTATION OF THE ORAL-SYSTEMIC CONNECTION Alzheimer's Disease Atherosclerotic / **Coronary Artery Disease** Cardiovascular diseases (atherosclerosis/ coronary diseases) Oral/ Colorectal carcinoma Diabetes and insulin resistence and gastrointestinal diseases **Diabetes Mellitus Colorectal Cancer** Unhealthy mouth Sleep Apnea & Respiratory tract infection **Respiratory Infections Adverse Nursing Home Pregnancy Outcomes Acquired Pneumonia** (NHAP)

Source: Bui F., et al.. Association between periodontal pathogens and systemic disease. Biomed J. 2019 Feb;42(1):27-35



We are always looking for ways to collaborate.

We are available for:

In-service workshops to help clinical staff become comfortable with oral surveillance

Consultation on setting up oral health exam rooms in LPHA facilities

Collaboration on grants to integrate oral health into LPHA service protocols

Thank You!

guy.deyton@health.mo.gov





Again, from my family and many others:

Thank you for your dedication!

Thank you for your care!

Thank you for your support!



Walt Says:

Remember to Say 'Open Wide & Stick Your Tongue Out'!



Dr. Walter E. Deyton





Open WIDE! The Oral - Systemic Connection

