Periodontal Health in Oklahoma

Volume 1 Issue 4 September/October 2008

Oklahoma Center for Implants & Periodontics

Our Mission Statement

Changing the Lives of Patients

Our office changes the lives of people through premiere service and the highest quality of implant and periodontal treatment offered today.

Robin D. Henderson, D.M.D., M.S.

Diplomate of the American Board of Periodontology

Emphasis on Comprehensive Periodontics, Soft Tissue Grafting, and Dental Implants

In This Issue

Grafting Options

Role of Malocclusion and Perio

Outside the Office: Team Member Highlight-Deb

Financial Focus

Ask Dr. Henderson

Perio Boot Camp

Contact Us:

3330 NW 56th Street
Suite 110
Oklahoma City, OK 73112

(405) 947-0486
(405) 942-4392 FAX

www.OkPerioImplant.com

Editor:
Dawn Wilson, RDH, BA

No More Palatal Grafts! Today's Options

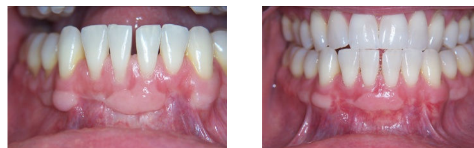
A primary role of the periodontist is to repair recession and restore inadequate zones of keratinized gingiva. It is important for dentists and hygienists to identify these issues early. Many clinicians think it is merely a cosmetic concern to be treated with veneers, crowns or fillings.

However, the problem is not being addressed and often only one solution is offered.

Recession and inadequate amounts of keratinized or attached gingiva are major forms of periodontal disease; almost more prevalent than bacterial induced periodontal disease. Recession and mucogingival defects are considered non-pocketing periodontitis and more damaging and unappealing than traditional periodontal disease.

Recession is the loss of attachment measured from the CEJ to the gingival margin. Many assume it only appears the facials of the teeth, but it can be on any surface of the tooth. Typically recession is associated with thin tissues where the attached gingiva is no longer sufficient.

Thin tissue can be genetic in origin or manufactured by ortho, trauma, desquamative gingivitis or systemic diseases.



Left: old graft, before *Right*: Allograft-root coverage

Robin D. Henderson, DMD, MS

Other contributing factors are tooth position, frenum position, decay, habits, and genetics. Attrition and abrasion also contribute to recession.

We all know that "An ounce of prevention is worth a pound of cure", but often we don't act on it. Many times with a young patient, child or teenager, there are early signs of recession or thin tissue. This is when preventative grafting should be done to stabilize their mouth for the long term.

If more young patients were grafted, they would not have such problems later in life. Thickening the tissue before recession occurs or when it starts is one of the easiest things to do.

The lower anterior is the most common area to graft. Lower premolars are a very close second. It is usually due to genetics and the way the mouth is formed.

Treating recession and thin tissue is another topic that is somewhat controversial and often treated incorrectly. First identify the problem then seek appropriate treatment. Not all recession is fixed with grafting. Knowing the problem helps determine the best treatment.

There are many gingival grafting techniques used to repair and restore thin tissue and recession. Transplanting graft material to the area is the most

Continued on Page 3

Malocclusion Contributes to Periodontal Disease

A major contributing factor to periodontal disease is the occlusion. Malocclusion plays a key role in treating periodontal disease. It must be identified and treated early or teeth will be lost as a result. Although this statement tends to be controversial, it is an important part of diagnosing and controlling disease progression.

Insufficient or poor occlusion directly affects periodontal support. Teeth are held in place with a series of ligaments that attach the root to the bone. These ligaments are similar to those in the knee. They can be stretched or torn and if allowed to heal will repair on their own.

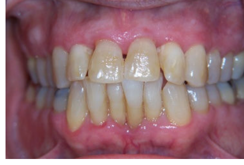
A patient with bruxing habits like grinding or clenching puts an unnatural and uneven force on the teeth contributing to the breakdown of these ligaments. Thin bone support and thin tissue are already more prone to breakdown by simple biofilm and bacterial load. Add the lateral bruxism forces that occur during grinding habits, it rocks the tooth and its supporting apparatus which causes breakdown to occur.

The rocking stretches the ligaments on one side, while compressing the ligaments on the other. Depending on the force exerted and frequency of movement, different types of damage may occur.

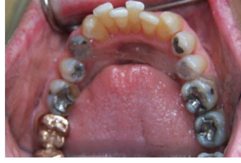
It is not uncommon to see a person with a healthy mouth and a heavy bite display more

Continued on Page 2

Cont...Malocclusion Promotes Perio



recession due to this constant force on the tissue alone. The bone simply cannot take that much pressure so it dissolves and retreats until it gets to bone thick enough to withstand the pressure. Once the bone is thick enough, then the tissue stabilizes and stops receding.



A heavy force exerted with a single event, such as a sharp trauma causes a ligament tearing and displacement of the tooth within a socket as well as changes in the vascular supply. The bony housing is normally fractured as well, thus compromising the tooth's integrity and survivability. If the tooth is not lost, it usually requires endodontic therapy, although not a typical scenario in periodontal disease.

Chronic, repeated trauma like a typical patient with bruxing habits generally elicits at least one of two possible responses. The first is weakening of the bone with an increased PDL space, loss of bone, increased mobility, and eventual tooth loss. The other response is almost the opposite in that the body senses that there is a heavy load and increases the bone mass, thickening the bone and causing excessive tooth wear or they just break. Each of these responses is damaging, but tooth mobility is worse in the short term.

These responses are the bones way of protection so it can transmit forces elsewhere and doesn't break. If the bone is thin to begin with, it lacks cushion to withstand the pressure.

When teeth become loose due to occlusal trauma it is very important to pay attention to potential perio issues. If a bacterial infestation occurs around these loose teeth, it is extremely damaging with potential for rapid destruction; like adding fuel to a fire. If a tooth with deeper pocketing and increased mobility appears in a normal looking mouth, always check the occlusion and vibration of the tooth, also known as fremitus. Many times it is easily treated with a simple occlusal adjustment and site specific scaling and root planning.

A patient with worn teeth and thickening of the bone presents with different challenges. Adjust the occlusion and begin with scaling and root planing, as before. It is tougher to get the pocketing under control because the damage creates a negative architecture, high walls on the facial and lingual but cupped out areas interproximally. These cupped areas constantly repopulate with bacteria.

Surgery may be necessary to reduce the pocketing making it easier to manage.

If vertical bony defects occur, they can normally be rebuilt creating a more sound bone structure again. A number of different techniques can be used to accomplish this.

Crooked teeth in general create a ton of periodontal problems which leads to overall health and dental issues. When the teeth are crooked, the bite is off, even if only a small amount. Thus, this bite problem produces a bruxism habit for most people due to disharmony in the mouth.

In a normal bite, with straight teeth, all of the forces hit at the same time. When teeth move from side to side, the teeth should not rub on each other. Ideally only the canines should be in contact.

From a periodontal perspective, straight teeth allow better bacteria control. Some research studies state that straight teeth make no difference in the quality of home care or periodontal support, but we all know straighter are easier to clean.

Would you agree from your experience there is much more buildup on patients with severe lower anterior crowding? The bottom line-straighter teeth look better, are easier to clean, functions properly, and overall periodontal health improves, thus a longer life.

"A patient with bruxing habits like grinding or clenching puts an unnatural and uneven force on the teeth contributing to the breakdown of the ligaments."

Ask Dr. Henderson...

Send your questions to Robin, Robin@OkPerioImplant.com

Q: Can a patient have periodontal disease if infection is not present?

A: The simple answer is yes, but that question is loaded. The definition of periodontal disease is measurable attachment loss and infection does not need to be present to have attachment loss. However, 99% of the time there is infection or inflammation present to assist in the attachment loss. Think of the patient with immaculate home care with generalized recession and thin tissue. That patient is contributing to the attachment loss, but the biofilm that is present is more damaging because of the recession and thin tissue present than if the tissue was thick. So technically infection is present.

Q: At what point should a patient be referred to a Periodontist and what should be the limitations of the general dentist practice?

A: I don't like to put limitations on any practice because there are so many differences in offices. My blanket answer is that you should do what you are technically capable of and what your comfort level is. Once you are out of your league or comfort zone then that is when the patient should be reserved to be scheduled with the specialist. Hygienists will run into trouble because the GD will want you to keep everything in the office even if you feel that you cannot handle the case. That is a whole different set of issues that you'll have to deal with.

Saving For The Future...First Financial Step

Research and news organizations around the world say Americans are some of the worst at saving money for retirement versus any other country. I feel there are a number of reasons why. We live in a society that when we want something we get it, regardless if we can afford it. We are the Now! Generation.

Research supports the notion that when we retire, we won't have enough money because we are living longer and do not save. Along these same lines, Social Security is most likely not going to be around in the near future. Some think the timeline for Social Security to run out is anywhere between 2020 and 2040.

What this means is that we need to make sure that we are saving enough money to take care of ourselves during retirement. Statistics show we need approximately 50 to 75% of our pre-retirement incomes for the retirement years. So if you are used to living on $100,000 per year, you will need about $50,000 – $75,000 a year after you retire. Plan to do this with only your savings, no additional income. This idea can be overlooked. We all need to save more or we will not be prepared.

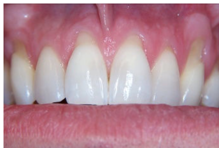
For example, Americans currently save about two percent of their income per year whereas the Chinese save about 40% of their income per year. That seems a bit extreme, but if we could increase to 10%, I think we would be ahead of the game and more fiscally sound.

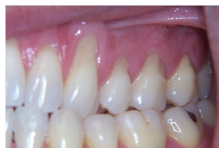
Knowing this, here is a simple way to get started. First, estimate your annual income and expenses for a year. Hopefully, more is coming in than going out. Next set aside an emergency fund, or at least start one. It should be about 3 to 6 months living expenses. It seems lofty but important.

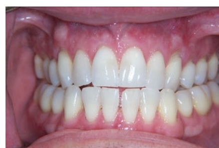
Once that is established, start "paying" yourself and put money into a retirement account to invest in stocks, bonds, mutual funds, etc. Set up your own account online or have a broker do it for you, depending on your interest and comfort level. Pay yourself monthly. The amount doesn't matter as much, but it should become a habit, like a revolving bill.

In the next issue I will begin discussing how to invest this money once you accumulate it. Do not depend on anyone else to take care of you and your family. Invest in your future, who else will?

Cont...Grafting Options, Beyond the Palate







conventional method but where it comes from has changed over the years.

The palate has been the most common location to get tissue, but it is the most dreaded part of the procedure. The palate is good, but it isn't the only option available! Using the palate limits how much can be repaired at one time.

Donor tissue, like Allograft, is a much kinder way to treat recession defects. Allograft is a material taken from the same species but placed in someone else. Basically human donor tissue is used in place of harvesting tissue from the roof of the mouth. We use donor graft material on about 98% of my patients.

Top and Center: Before *Bottom*: After, Allograft-root coverage

This material is perfectly safe. Patients cannot get diseases, reject the tissue or have any adverse reactions. The procedure is quite fast and minimally involved, with minimal pain. Patients should no longer dread a grafting procedure.

Not all periodontists use donor tissue the same way, and some don't use it at all because they do not know how. Ask any of your colleagues or patients that had palatal grafts done, and they will say the palate was the worst part of the procedure.

The bottom line is that recession and thin tissue is treated as an unimportant part of dentistry, but it is one of the most important areas that should be addressed early. Educate your patients about recession and the importance of seeking treatment early. It's not as scary as it used to be.

Grafting Tips

- Identify at an early age for preventative grafting
- Not all recession requires grafting
- Transplanting tissue is the most common technique
- Palatal grafts limit how much can be done at once and painful
- Donor tissue is safe, no adverse reactions or rejection

Outside the Office - Team Member Highlight

Life beyond dental hygiene for Deb is filled with a variety of passions. At the top of her list is spending time with her family - Stephen, the love of her life, daughters Abby and Emily and son-in-law Robert.

It doesn't matter what they are doing - eating, talking, going to movies or shopping, as long as they are together.

Shopping, did someone say shopping? Shopping is one of those passions she and her daughters strive to master. In their eyes, the only way to get better is practice, practice, practice. They hunt for bargains and sales then transform plain items into beautiful possessions that everyone will enjoy. Always growing and learning while shopping, it is something they enjoy doing together a lot.

To call her an HGTV "junkie" might be an understatement. She is challenged by their programs to redecorate, rearrange, reorganize or redo things around the house. In order to do that more shopping may be involved, but of course she doesn't mind.

Another purrrrfect passion is Gracie, Pablo and Stella, her three cats. They are always there for her no matter what kind of day. They bring a bright smile to her face. They simply want to be loved and yet give love unconditionally. She's learned a lot about unconditional love from having pets in her life.

She may spend most of her time during the day practicing dental hygiene, but she enjoys her life outside the office because it is so precious. She says, "Enjoy life to the max!"

Oklahoma Center for Implants & Periodontics
3330 NW 56th St., Ste. 110
Oklahoma City, OK 73112
E-mail: Robin@OkPerioImplant.com
Return Service Requested

My mission is to give the most accurate information available about Dental Health. Unfortunately, there is a lot of misinformation out there and I would like to set the record straight. We are Committed to improving the foundation of a patient's smile.

I'd like to be able to answer your questions and perhaps share some of my observations I see on a daily basis through this newsletter or online. It doesn't have to be all business, hopefully we can have some fun too.

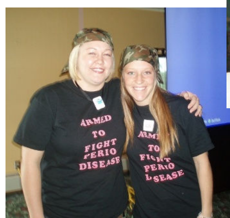
Check us out: www.okperioimplant.blogspot.com

Name
Address
City, State Zip

PERIO BOOT CAMP!

From the Editor...

If you attended the Spring Fling Hygiene Expo you were eligible for a real treat, Perio Boot Camp at Remington Park. On September 12, approximately 80 hygienists gathered for a free CE hosted by Dr. Henderson. He discussed many topics important to hygienists today but mostly focused on the relationship between malocclusion and periodontal disease and how they directly affect each other.



Invisalign representative, Deanne White, gave a presentation demonstrating how correcting malocclusion dramatically changes a patients periodontal situation. The pictures explained it all.

The case types and difficulty levels Invisalign doctors are challenged with today are not the same as they were a few years ago. What we thought were "too difficult" for Invisalign are in fact becoming very common and truly successful.

We were reminded that one of the many obligations as a hygienist is to discuss occlusion with our patients. We sometimes assume a patient won't consider ortho or perhaps financially not able to do it, yet it is still important to educate them just as we do with oral hygiene products, restorations, oral cancer, blood pressure, etc. Make it a part of every conversation.

Of course, all work and no play makes for a boring day. Going with the "Boot Camp" theme we asked attendees to don their favorite camouflage and boy did they show up in full gear, some with original war equipment from military family members. It wasn't easy but we selected two winning groups.

Brianne Carter with Dr. LaBahn's office and Abbee Geissler from Dr. Shafer's office, both in El Reno, had matching outfits with an original idea of a floss necklace as their dog tags.

Dr. Pat Woods hygienists won Best Team. Marty Stoddghill, Nancy Jarman and Susan Shelden were really decked out in camo including just about anything dental hanging off their uniforms like prophy angles, toothbrushes, forceps, even a partial for a little bling!

Congratulations to them and all the other door prize winners. Dr. Henderson's staff appreciates all the positive feedback we received and look forward to more fun CE courses in the future.