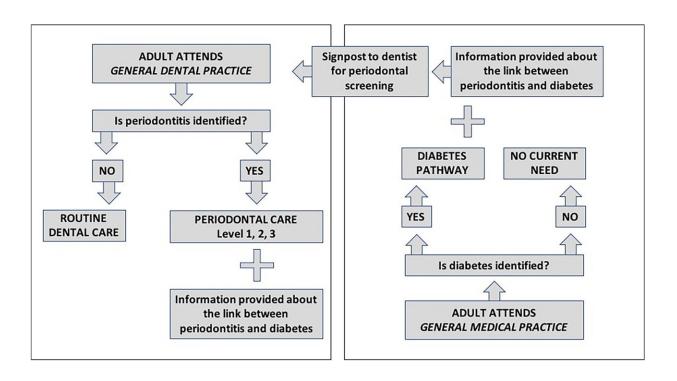


Periodontists and family doctors must collaborate to treat their patients' overall health, says new study

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Flow-chart detailing clinical care pathway for patients diagnosed with diabetes (from general medical practitioner to general dental practitioner, and appropriate triage – Level 1, 2 or 3). Adapted from NHSE commissioning standard 2019 (National Health Service, 2019). Level 1 = general dental practitioner with no enhanced skills; Level 2 = enhanced skill practitioner but not at specialist level; Level 3 = specialist in periodontology. Credit: *Journal of Clinical Periodontology* (2023). DOI: 10.1111/jcpe.13807



Close collaboration between family doctors and periodontists and other oral health professionals is necessary for an effective prevention, early detection and management of widespread systemic health conditions, affecting millions of patients everywhere.

That is one of the main conclusions of the new paper titled "Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: consensus report of the joint workshop by the EFP and the European arm of the World Organization of Family Doctors (WONCA Europe)," which has just been published in the *Journal of Clinical Periodontology*.

This consensus report, authored by 18 global leading experts in periodontology and <u>family medicine</u>, updates and improves the scientific evidence supporting that <u>gum disease</u>, in particular periodontitis or chronic inflammation of gums, is independently associated with cardiovascular diseases, <u>diabetes mellitus</u>, and respiratory diseases, such as <u>chronic obstructive pulmonary disease</u>, sleep apnea, or COVID-19 complications.

The paper builds on the scientific reports from previous workshops organized by the EFP with the International Diabetes Federation on links between gum disease and diabetes in 2017, and with the World Heart Federation on associations between gum disease and cardiovascular disease (CVD) in 2019.

"Both reports suggested that <u>family doctors</u> have a pivotal role in the implications of the associations between conditions, since they treat most patients with diabetes or CVD after all," sums up David Herrera, lead paper author, chair of the EFP's Workshop Committee, and chair of this workshop.

"Our paper presents a critical update of the evidence supporting the



associations between periodontitis and very important systemic conditions, but our main objective was to understand the interpretation of this information by the family doctors, and the derived implications, developed to improve the management of our patients' health," explains Prof Herrera.

The document advocates for family doctors and oral healthcare professionals to work together in preventing, detecting and treating these major systemic health issues, in exchanging information and mutually referring their patients, and in promoting healthy lifestyles among them. There is consensus in considering gum health-related input as essential for family physicians to correctly manage their patients' overall health.

For example, it is recommended to periodontists and family doctors to implement effective strategies for early detection of gum disease in primary healthcare centers, and of CVD and diabetes in dental practices. General practitioners are encouraged to seek information about the periodontal health of their patients, and oral health professionals about the cardiovascular and metabolic risk factors.

Specifically, this consensus report is based on the outcomes of the Focused Workshop on Periodontology and Family Doctors, a joint scientific initiative by the EFP and the European branch of the World Organization of Family Doctors (WONCA Europe) which was held in Madrid last summer with sponsorship from EFP partner Curasept. The workshop's aim was to draw up a set of recommendations for a new approach to the systemic impact of periodontitis on overall health conditions.

Currently the EFP is preparing an outreach campaign based on the paper, targeting specific groups such as primary care and dental patients, policymakers, family physicians, dentists, periodontists, and dental hygienists.



Higher risk of CVD and diabetes

"When treating patients with periodontitis, oral health professionals should inform them that their risk of CVD is higher. Also they are suggested to collect a careful history informing of reported CV risks factors including diabetes, obesity, hypertension, smoking, and to screen for other CV risk factors, as physical activity, excess of weight, blood pressure, or lipids or glucose management. If the patient presents obvious risk factors, they should be advised to consult with their family doctor and to adopt active lifestyle measures as weight loss, smoking cessation, and physical activity," advises Lior Shapira, past EFP president (2021-22), workshop co-chair, and paper co-author.

"In the case of patients with diabetes or prediabetes, family doctors are invited to inform them of a higher risk of suffering from a gum disease, so they need to go to their dentist and screen their gums health. Besides, gum inflammation is a major risk factor to develop a metabolic disease such as diabetes. Importantly, at the dental practice we can screen periodontitis patients and identify those with <u>diabetes</u> or prediabetes who haven't been previously diagnosed, which may save their lives. All in all, the main conclusion is that we, dental professionals, need to be in touch with our patients' family physicians all the time," Prof Shapira adds.

"The current split between dental health professionals on one side, and systemic disease professionals on the other makes no sense," explains Shlomo Vinker, president of WONCA Europe, paper co-author and workshop chair. "We should strive for great integration and better sharing of information. More collaboration on screening, prevention, and referrals would clearly benefit our patients and the public health."

More information: David Herrera et al, Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: Consensus report of the Joint Workshop by the



European Federation of Periodontology (EFP) and the European arm of the World Organization of Family Doctors (WONCA Europe), *Journal of Clinical Periodontology* (2023). DOI: 10.1111/jcpe.13807

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