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Educational Objectives:

Understand the role of the dental hygienist in minimizing the risk of oral and systemic disease
Enhance awareness and treatment of periodontal disease as an inflammatory condition with systemic implications
Discuss the roles of chronic inflammation in initiating disease states
Evaluate present assessment protocols related to risk intervention of oral and systemic disease
Empower today's dental patient to understand the critical importance of oral health
Breakdown the barrier of the insurance-driven mindset

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www.mouthcovidconnection.com
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Cleaning Teeth vs. Impacting Lives? Elevating Our Role in Patient Care

A First Responder

"a person with specialized training who is among the first to arrive and provide assistance at the scene"

The dental hygienist is a 'first responder' to the oral cavity with our profession being optimally situated at the portal of entry and the gateway to systemic health.

As a critical stakeholder, we strongly influence both the quality and quantity of life of every patient seated in our treatment room.

Periodontitis Burden of Disease

Periodontitis and peri-implant disease rank 11th among the most prevalent global diseases

- 2 in 5 US adults affected by some form of this disease
- 1 in 3 patients or one in five implants are affected by peri-implantitis
- 70% of adults >65 y.o. have periodontal disease
- 65% of current smokers have periodontal disease

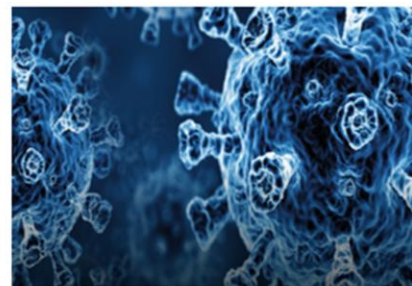
Systemically, the impact is far reaching;

- 19% increased risk of cardiovascular disease; > 44% in individuals aged 65 and over
- 3.2x greater mortality risk in Type II diabetics with moderate/severe periodontitis
- 12.5% of live births considered preterm with infectious pathogens contributing to 25 – 40%

"The most important health provider that you may see during the pandemic and beyond is a dental hygienist." Dr. Tim Donley

"What shocked us was the discovery of the protein's devastating, life-threatening impact to patients once they're hospitalized. One tiny, inflammatory protein [IL-6] robbed them of their ability to breathe."

SHERVIN MOYALEM, DDS
Founder of the UCLA Dental Research Journal.



Why is this so? Fast forward to today's world...

- The pandemic has taught us the relationship of COVID severity with cytokine storms; elevated IL-6 levels were predictors of pulmonary complications and the need for ventilation
- Excessive cytokines such as IL-6, neutrophils and collagenase (MMP-8) cause direct tissue damage leading to systemic inflammation

Evolution of Beliefs, Science and Knowledge

Historical Beliefs

- Equal susceptibility and that disease severity was directly related to magnitude bacterial exposure over time
- All patients would respond predictably to bacterial load reduction and regular maintenance care

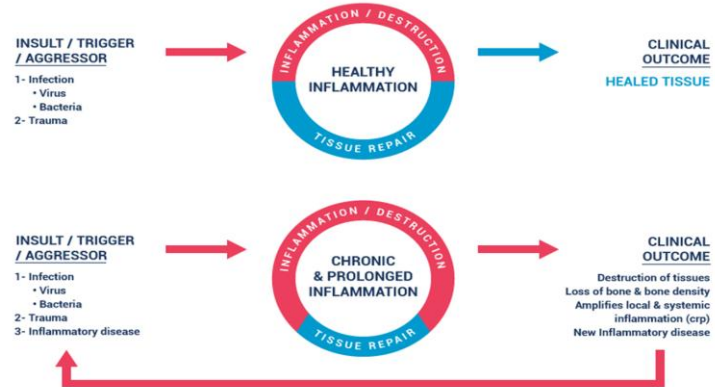
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Present Day Science and Knowledge

- Bacteria is an essential initiating factor; however level of clinical severity is a complex, multifactorial host response
- Variations in host response capability to address inflammation, tissue repair influencing overall therapeutic outcomes necessitates a different approach



Preterm Low Birth Weight

Preterm delivery is defined as birth before 37 weeks of pregnancy have been completed.

Low birth weight refers to infants who weigh less than 5.5 lbs. caused by intrauterine growth restriction, prematurity or both.

In 2021, 1 of every 10 infants born in the U.S. was preterm with rates continuing to rise

How is this linked to periodontitis?

Presence of pathogenic oral bacteria in placenta results in increased exposure to fetus increasing amniotic PGE production

Endotoxins released by microorganisms together with proinflammatory cytokines stimulate production of PGE2 which in turn stimulate the uterus (myometrium) to contract resulting in onset of preterm labor

Cardiovascular Disease

CVD is the leading cause of death in the U.S.

- One person dies every 33 seconds in the United States from cardiovascular disease.
- About 1 in 20 adults age 20 and older have CAD (about 5%)
- Males are 2x more like to suffer a heart attack and diagnosed on average 10 years earlier than females

How is this linked to periodontitis?

- Shared risk factors
- Subgingival biofilms serving as reservoirs of gram-negative bacteria
- Altered host response as a result of chronic inflammation and the influx of systemic inflammatory mediators

Diabetes

In the U.S.;

- 30% live with diabetes or prediabetes;
- 12% live with diagnosed diabetes
- 22.8% undiagnosed

How is this linked to periodontitis?

Altered host response as a result of chronic inflammation and the influx of systemic inflammatory mediators resulting in insulin resistance and decreased insulin action.

Increased collagenase activity (MMP-8) coupled with decreased collagen synthesis especially in poorly controlled diabetes

Notes:-

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2025 Blood Pressure Guidelines Journal HUB <https://www.ahajournals.org/guidelines/high-blood-pressure>

Top 10 Things to Know About the New AHA/ACC High Blood Pressure Guideline <https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/high-bp-top-10>

Recommended Reading:

Bale B, Doneen A. Beat the Heart Attack Gene: The Revolutionary Plan to Prevent Heart Disease, Stroke, and Diabetes. Nashville, TN: Turner Publishing Co.

Alzheimer's Disease

AD is a progressive neuroinflammatory and neurodegenerative disease of the brain

1 in 9 are living with Alzheimer's dementia

Risk doubles every 5 years between the ages of 65 and 84; approximately 110 of every 100,000 adults between ages 30 and 64 have young-onset Alzheimer's

Alzheimer's disease is fatal with people over 65 y.o. surviving an average of 4 – 8 years after diagnosis

Disease is characterized by three major hallmarks;

- Accumulation of beta-amyloid plaques
- Neurofibrillary tangles
- Neuroinflammation

How is this linked to periodontitis?

- Major concentration of P. gingivalis, a gram-negative anaerobic predator is found in the subgingival sulcus
- Also found in brains of people with AD through autopsy findings and in cerebrospinal fluid of individuals living with AD
- Gingipains are chief virulence factor in P. gingivalis promoting disruption and manipulation of the inflammatory response; abundant in autopsy specimens promoting neuronal damage

The role and influence of the dental hygienist in risk intervention strategies

Today's Healthcare Focus

Healthcare generally is a 'reactive model' vs a 'proactive model'

This is where our profession truly can make an impact

Risk assessment and risk mitigation are critical components of our dental hygiene assessment

Self-evaluation of assessment protocols related to risk intervention

Pop Quiz...

What's Your Score: _____ / 13

RISK INTERVENTION STRATEGIES

1. Medical History Update (clinical resource handout)

On a scale of 1 – 10, how would you rate your general health at this time?

On a scale of 1 – 10, how would you rate your level of stress at this time?

On a scale of 1 – 10, how would you rate your quality of sleep over the last month?

On a scale of 1 – 10, how closely do you feel the health of your mouth is to the health of the body?

2. Airway Evaluation/Sleep Apnea Risk Assessment

Untreated sleep apnea results in 12 – 15 years shorter lifespan, increased systemic inflammation, cognitive decline, increased cortisol and weight gain, immune dysfunction, relationship strain, increased cancer risk and CVD

Signs or red flags include bruxism, dry mouth, impaired healing, headaches, large scalloped tongue, enlarged tonsils/adenoids, high/narrow palate, etc.

3. BP Readings Chairside

The new American guidelines updated from 2003, have lowered the definition of high blood pressure with the objective of accomplishing earlier intervention

The updated version encompasses ½ of the population with the most profound impact among the younger population. The prevalence of high BP is predicted to triple in men under age 45 and double among women under 45.

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- Resource**
- Challacombe Scale**
- <https://fgdpscotland.org.uk/wp-content/uploads/2018/09/Challacombe-Scale-oral-dryness-ENG.pdf>
- Personalized Xerostomia Protocol (PXP)**
- <https://aquoralspray.com/protocol/>

Lipid-Based Oral Spray FREE TRIAL



Recommended Reading: Get Your Spit Together
Available online www.amazon.com

4. Chairside Saliva Testing

Measuring Resting Salivary Rate

Retract the lower lip observing labial mucosa salivary production from minor accessory glands.

Droplets of saliva will begin to form at the orifices of the minor glands.

If the time taken for this to occur is more than 60 seconds, the resting flow rate is below normal.

> 60 seconds

= 30-60 seconds

< 30 seconds

Intraoral Salivary Flow Evaluation Using the Challacombe Scale

Scoring

1-3 Mild

4-6 Moderate

7-10 Severe

✓	Dental mirror sticks to the patient's tongue
✓	Dental mirror sticks to the buccal mucosa
✓	No saliva pooling in the floor of the patient's mouth
✓	Saliva is frothy
✓	Patient's tongue shows generalized shortened papillae
✓	Altered gingival architecture (i.e., smooth)
✓	Patient's oral mucosa, especially the palate, appears glassy
✓	Tongue lobulated/fissured
✓	Patient has cervical caries on more than 2 teeth
✓	Debris sticks to teeth or palate

5 KEY Questions if you suspect Sjögren's Syndrome

1. Do you have other dryness in your body? (i.e. skin, eyes)
2. Do you have overall marked fatigue?
3. Do you have joint pain?
4. Do you have any other autoimmune disease?
5. Do autoimmune diseases run in your family?

Treatment Considerations:

- Hydration throughout the day
- Chewing gum/pastilles with xylitol
- Remineralization toothpastes
- Salivary substitutes
- Effective oral hygiene and interval of care
- Avoidance of antihistamines, decongestants, and alcohol

Water-Based vs. Evidence-Based Product Recommendations

A systematic Cochrane Review, published comparing xerostomia interventions concluded greater efficacy with lipid-based OGT technology. Lipid-based solution adheres and protects restoring viscoelasticity of oral mucosa.

Studies conducted by 3M researchers demonstrated significantly less water loss with lipid-based OGT technology compared to water-based OTC products.

5. Salivary pH Chairside Assessment

The xerostomic patient is compromised due to lack of buffering capabilities of saliva.

- Healthy saliva should measure no lower than pH of 6.5
- Demineralization occurs below a pH of 5.5
- Elderly clients or those with exposed dentin need to know that root demineralization can occur when pH levels fall to 6.0

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Hybenx – Oral Tissue Decontaminant
<http://hybenx.it/>

Clinpro™ Clear Fluoride Treatment Product Information



Oral Probiotics Practice Samples



Loupes/Headlight Product Information



Flip-Mirror



6. Chairside Caries Risk Assessment

OUR WHY: Dental caries is the most prevalent chronic disease worldwide, and it's largely preventable

Brush on application with a protein-based biomolecule that targets porous, at-risk enamel (BlueCheck™)

Highlights active demineralization and detects lesions as shallow as 30 – 50 microns

Ability to detect lesions prior to radiographic diagnosis supporting minimally invasive treatment

Evidence-Based Product Recommendations

Xylitol – salivary stimulation throughout the day, low glycemic index, suppression of keystone pathogens (p. Gingivalis); therapeutic dose 4 – 7x/day

Colophony/Rosin Based vs. Water-Based

Clinpro™ Clear Fluoride Treatment - Rosin-free 2.1% Sodium Fluoride
15 inute contact time as fluoride ions in water-based solution
allowing immediate release

7. My appointment is so full! I don't have time to probe.

<https://floridaprobe.com/voiceworks.htm>

8. Chairside Oral Inflammatory Load (OIL) Risk Assessment

Efficient, quick testing with visual tools (PerioMonitor™) of neutrophil levels, white blood cells, which increase in response to active periodontal disease.

Future prediction of risk of further periodontal destruction due to host response

9. Setting Your Perio Patients Up For Success A Patient for Life! *"It was accepted that a patient with gingivitis can revert to a state of health, but a periodontitis patient remains a periodontitis patient for life, even following successful therapy, and requires life-long supportive care to prevent recurrence of disease."*

Evidence-Based Product Recommendations

Oral dysbiosis needs to be addressed. Oral probiotics provide the opportunity to integrate commensal bacteria resulting in a balanced oral microbiome.

PTB and Power Flossers provide patients with an opportunity to elevate their self-care protocols resulting in better and sustainable treatment outcomes.

10. Loupes (Magnification) and Illumination

Your eyes are your most important clinical instrument and Investment.

Without the use of magnification early changes in the oral mucosa may not be visible to the naked eye. Magnification provides the ability to assess early changes in oral mucosa

Alleviate strain, prevent injury, and enhance comfort, ultimately improving professional performance and longevity by ensuring perfect posture and zero-degree neck flexion

11. Saving Lives

Oral and Oropharyngeal Cancer Screening Examination

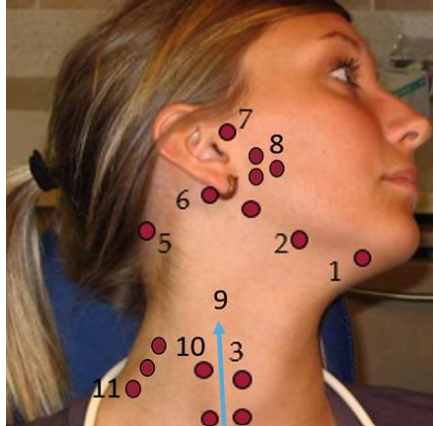
ABCDE of Melanoma

Asymmetry, Border, Color, Diameter, Evolution

NOTES:

Extraoral Examination of High Risk Anatomical Areas

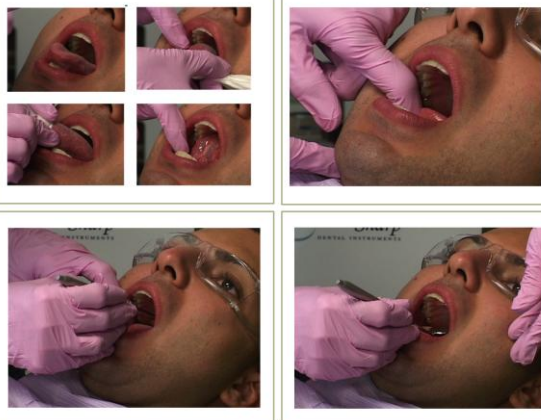
1. Submental
2. **Submandibular**
3. **Anterior cervical chain**
4. **Supraclavicular**
5. Occipital
6. Posterior auricular
7. Anterior auricular
8. Parotid
9. Sternocleidomastoid muscle
10. **Posterior superficial cervical chain**
11. Posterior cervical spinal nerve chain



Intraoral Examination of High Risk Anatomical Areas

Tongue, Floor of Mouth (FOM), Palatal and Oropharyngeal tissues

The Subtle and Life-Saving Symptoms



Continuous sore throat; persistent infection

Pain when swallowing or difficulty swallowing

Unilateral ear pain

Pain when chewing

Non-healing oral lesions

Bleeding in the mouth or throat

Hoarseness

A lump in the throat or the feeling that something is stuck in the throat

Continual lymphadenopathy

Unexplained weight loss

Slurred speech

Tongue that tracks to 1 side when stuck out

Asymmetry in tonsillar area

Persistent neck masses despite antibiotic therapy

Resources:

<https://drkotsakis.com/> Developer of Periodontal Classification Calculator – download on the App Store

Patient Education Brochures – Staging and Grading

https://www.philips.com/c-dam/b2c/category-pages/personal-care/dental-professionals/periodontitis/PatientProfiles_Perio_C_hairsideGuide_Digital.pdf

https://www.usa.philips.com/c-m-pe/dental-professionals/dental_indications/periodontitis#!

<https://www.skincancer.org/early-detection/self-exams/>

<https://www.skincancer.org/blog/are-you-at-risk-for-skin-cancer/>

<https://mrisktool.cancer.gov/calculator.html>

NOTES:

Resources:

Enhancing Patient Acceptance and Saving Lives
VELscope Certification Training Course

<https://velscope.com/CLOUD-Dentistry-Certification> - 2 CE Credits

VELscope CE Certification

<https://velscope.com/course/certification/>

VELscope Practice Locator

<https://velscope.com/practice-locator/>

VELscope MANTIS Launch



SCAN ME

Proactive vs. Reactive – Late-Stage vs. Early-Stage Discovery

Pre-cancerous lesions typically start below the surface at the basement membrane remaining unseen

Normally healthy tissue will fluoresce

Abnormal cell differentiation results in;

- Collagen stroma breakdown
- Increased vascularity
- Normal metabolic activity significantly diminished

12. Do Your Patients Know What to Look For?

www.checkyourmouth.org

13. Education is all it takes to prevent over 90% of future HPV cancers!

The 9-valent HPV vaccine is recommended for boys and girls in the school immunization program across the U.S.

Over 92% of future HPV-attributable cancers can be prevented with the vaccine

The HPV vaccination is recommended for males and females who have already had HPV-related disease. The decision to vaccinate at any age is a shared decision between the patient and the medical provider.

Prevalence in HPV oral infection 88% lower in those reporting at least one dose of HPV vaccine vs unvaccinated

Reduces recurrence of abnormal paps in woman who were previously treated for cervical squamous intraepithelial lesions; 75% reduction of recurrence of genital warts

More than 500 million doses of the HPV vaccine (Gardasil) have been administered worldwide (World Health Organization, 2022) since the introduction of the vaccine in 2006.



Communicating with Impact

1st Solution: Our Mindset

The biggest barrier is within us.

Our patients can't value what we won't or believe in something we don't. Plain and simple.

The biggest question to ponder is are we simply 'cleaning teeth or are we impacting lives?'

2nd Solution: Until the patient perceives a problem, they will not 'buy' into the solution

First of all, are we uncovering the information in our standard medical history update questions? (Familial history, risk factors, subjective symptoms, etc.)

Chronic inflammation connects systemic diseases. A 'condition' in one anatomical location has an effect that reaches far and wide (Does the patient understand the connection?)

"Do you understand the treatment fully? Do you also understand what will happen if you choose not to accept the treatment?"

Next step is patient engagement...ownership of the 'problem'

3rd Solution: Teamwork Messaging

STOP CLEANING TEETH!!

It is a dental hygiene appointment, it is a hygiene therapy appointment,

It is a Comprehensive Periodontal Therapy- CPT or Active Therapy – AT;

NOTES:

Resources:

<http://www.perio.org/consumer/other-diseases>

www.oralsystemiclink.net

Risk Assessment Resource

<https://dhe.teachable.com/courses/resources/lectures/9167679>

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It's not just a "cleaning". It is an important part of the patient's health and healing abilities. It impacts the immune system functionality. It impacts both the quality and quantity of their lives.

4th Solution: Breaking through the insurance driven mindset

Powerful and effective language and responses to frequently asked questions

Acknowledgment that insurance is a BENEFIT

Team collaboration and support for one another

Clear, non-conflicting information for the dental patient

"Dental benefits were designed to assist a healthy, disease-free mouth having had regular professional care and requiring minimal maintenance. The level of active disease and infection will not be fully assisted your dental benefit coverage; however your benefits will certainly help reduce your fee."

"Even though you have dental benefit assistance, some procedures may not be covered. Your level of benefit assistance is determined by the policy your employer has chosen for you. It's based on a group benefit plan and doesn't take your individual needs into consideration. The patient normally handles a portion of the cost of the treatment."

"I promise you that I would never base your dental needs and treatment on what your insurance covers."

5th Solution: Communicating the Oral Systemic Link Powerfully

- First of all, the mouth is unique.
- Second of all, every bacteria, virus, toxin, etc. has access to the body's highway.
- Lastly, what does this mean to YOU?

We must treat the host response to periodontal disease, or we are placing our patients at risk for systemic disease.

A mechanical approach is inadequate. Periodontal disease must be treated as inflammatory disease.

We must address the oral microbiota to eliminate ongoing dysbiosis.

To continue to ignore the inflammatory component is setting up our patient for risk of systemic disease.

All chronic inflammatory disease is a consequence of unchecked or undiagnosed inflammation. The primary difference is anatomical inflammation.

Uncontrolled inflammation is responsible for tissue destruction. Not treating host response will place tx outcomes at a standstill.

Essential to employ an evidence-based medical, whole body health model. We e

aha moment

We must treat the host response to periodontal disease, or we are placing our patients at risk for systemic disease

Anything new, abnormal, or different that persists beyond 14 days always

warrants further investigation. Don't assume! A life may depend on your decision.

We must address the oral microbiota to eliminate ongoing dysbiosis.

All chronic inflammatory is a consequence of unchecked or undiagnosed inflammation. The primary difference is anatomical inflammation.

If I may assist you with any further information regarding today's presentation, please don't hesitate to contact me at jjones@jo-annejones.com Thank you for joining me in the quest for earlier discovery of oral and oropharyngeal cancer.

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