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Dear Patient:

I hope that this information about the link between Heart Disease, Gum Disease and Tooth Loss will be of some benefit to you.

More than 50% of all adults in the U.S. have some form of gum disease, beginning with gingivitis. Studies have proven that “fatty deposits lodged in the *carotid arteries of stroke sufferers* shows that **70% contain bacteria and 40% of that bacteria comes from the mouth.**” The best way I can explain the connection it is to say that ***gum disease is definitely a chronic infection, and the bacteria in this infection can certainly travel throughout your body!***

Some cardiac patients can go from “My gums bleed a little bit when I brush” to “My tooth feels loose, and I have a bad taste in my mouth” much more quickly than people who have their heart disease under control. Subsequent ***tooth loss can contribute to poor nutrition, and then possibly to clogged arteries and stroke.***

I have found that the more my patients know about the connection between dental problems and medical problems, the more motivated they are to prevent complications. I am lucky to have patients who are smart enough to realize that neglecting things too long may only lead to taking out a tooth, or teeth.

Then they are faced with a big project like a bridge or implant to replace the missing tooth or teeth.

Many of my patients whose heart disease is under control have healthy gums, because they are extremely dedicated to brushing and flossing well at home (ask us about our Proxabrush), and keep up with seeing our dental hygienist every 3 to 4 months.

If our otherwise healthy patients see the hygienist every six months, and they don't have the complications of medications, then it makes sense that they may need more frequent cleaning to prevent the bleeding gums that lead to tooth loss.

There also is the issue of how your **cardiac medications can lead to what I like to call "Dry Mouth Syndrome"** (especially that "water pill" and the calcium channel blockers like Cardizem and Norvasc). This can make you more susceptible to cavities in between the teeth. *We do fluoride treatments for adults after every cleaning*, just like we do for the children we treat to prevent these cavities.

So here is another question: **Does controlling your heart disease help prevent severe gum disease, or do frequent cleanings, healthy gums, and fluoride help control your heart disease?** This time I can say that I do have the answers: YES and YES.

In order to avoid further medical complications, and to avoid losing teeth from your gum disease or cavities, here's my best advice:

See your medical doctor regularly
Follow their diet/nutrition and exercise instructions
Take your medication as it is prescribed
Be aware of "Dry Mouth Syndrome"
Brush, floss, and/or Proxabrush daily
See the dental hygienist every 3 to 4 months.
Be preventive with fluoride treatments and rinses at home.

If you need any further information about this, or would like additional copies of this report, please let me know. I would also be willing to speak to any group or organization you are in, if the group is interested.

Thanks for your attention. We are committed to recognizing the connection between medicine and dentistry in our office, because our smart patients are our best patients.

Dr. James Rodriguez

Gum disease linked to heart illness

by Tim Friend
USA TODAY

PHILADELPHIA — The most common strain of bacteria in dental plaque can cause blood clots that induce heart attacks when they escape into the bloodstream, researchers reported Monday.

Mark Herzberg of the University of Minnesota said the findings are the first to link bacteria to the formation of potentially fatal blood clots.



Previous studies had found the incidence of heart disease is about twice as high in people with periodontal disease, but scientists didn't know why.

"Now we show a potential biological reason," Herzberg told the 150th annual meeting of American Association for the Advancement of Science.

In lab tests, Herzberg and colleagues injected bacteria from dental plaque into the bloodstream of rabbits. The bacteria caused blood clots to form within minutes. Rabbits are a proven model for testing hypotheses about human heart disease and heart attacks.

Chronic inflammation of the gums due to plaque also could be involved in the inflammation of the lining of the blood vessels that is known to lead to the build-up of plaque in the arteries, Herzberg said.

Additional studies presented at the meeting show that bacteria in plaque also are linked to:

- A potentially fatal disease called infective

endocarditis in which the sac around the heart becomes inflamed.

- Lung infections in people with chronic lung diseases such as chronic obstructive pulmonary disease.

- A weakened immune system that can slow wound healing and diminish a person's response to vaccines against hepatitis B and influenza.

- A higher risk of giving birth to premature, low-birth weight infants.

Reducing risk of diseases linked to dental bacteria is a common lesson preached by dentists: Have the teeth cleaned regularly and floss daily. If necessary, have bone implants to replace dental bone lost from periodontal disease, says researcher, Frank Scannapieco, State University of New York, Buffalo. Bacteria reside in pockets caused by bone loss where the teeth are attached.

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Stroke Journal Report
12/14/2002

Tooth loss linked to increased stroke risk

DALLAS, Dec. 13 – Tooth loss and periodontal disease may increase the risk of ischemic stroke, according to a report in today's rapid access issue of *Stroke: Journal of the American Heart Association*.

Ischemic strokes result from a blockage in an artery leading to the brain. They are the most common type of stroke.

In the study, men who had fewer than 25 teeth when they entered the study had a 57 percent higher risk of ischemic stroke than those with 25 or more teeth.

The link between ischemic stroke and periodontal disease, which is caused by bacterial infections, adds another piece to the growing body of evidence that infection plays a role in stroke and heart disease. However, the new study presents a surprising finding about tooth loss.

"The association of ischemic stroke with tooth loss persisted even after we controlled for periodontal disease history, which could reflect severe periodontal disease in the extracted teeth," says Kaumudi J. Joshipura, BDS, Sc.D., an associate professor of epidemiology at Harvard School of Dental Medicine and Harvard School of Public Health in Boston.

Another unexpected – and unexplained – finding was that the association between tooth loss and stroke risk was higher among nonsmokers than among smokers. Smoking tobacco is a risk factor for both ischemic stroke and periodontal disease.

"We don't know why nonsmokers showed a higher association," Joshipura says. "But that lends support to the argument that the association between tooth loss and stroke is not all due to smoking."

The researchers also found that the risk of stroke was mainly related to the number of missing teeth at entry into the study, rather than teeth lost recently during the follow-up phase. This is possibly because only a few teeth were lost during follow-up or may imply that tooth loss takes many years to impact ischemic stroke risk, she says. This study is the first to examine the timing of tooth loss and the effect on stroke risk.

Periodontal disease, tooth loss and ischemic stroke share about a dozen risk factors, including age, smoking, diabetes, and some socioeconomic factors such as low income, Joshipura says.

Researchers studied 41,390 men in the Health Professionals' Follow-Up Study – mostly white dentists, veterinarians, pharmacists, optometrists, osteopathic physicians and podiatrists who were ages 40 to 75 at the start

of the 12-year study. The men completed questionnaires mailed to them every two years about their medical history, health behaviors, and the occurrence of cardiovascular problems or other adverse health events.

Participants with fewer teeth were generally older, drank more alcohol, were less physically active and were more likely to smoke.

Researchers documented 349 ischemic strokes in the entire group. Compared to men with 25 to 32 teeth, those with 17 to 24 teeth had a 50 percent higher risk of stroke. Men with 11 to 16 teeth had a 74 percent higher risk and men with 10 or fewer teeth had a 66 percent higher risk of stroke compared to men with the most teeth.

Researchers studied whether the association between tooth loss and ischemic stroke could partly be the differences in diet, such as the amount of fruits and vegetables consumed.

"When people lose teeth, they may eat fewer fruits and vegetables," Joshipura says. "And that, in turn, might affect their stroke risk. However, the results suggested that dietary factors evaluated did not seem to play an important role in the association between tooth loss and stroke found in this study."

She also suggested it is too early for physicians to try to apply the study's findings to patients. "I would be a little cautious," Joshipura says. "We need more studies before we can say that this is a causal association."

Six earlier studies had examined the association between stroke and periodontal disease and/or tooth loss but produced conflicting results. The Harvard researchers sought to resolve the relationship, in part by using a more uniform study population with more participants and by collecting data about whether the tooth loss and periodontal disease occurred before the stroke.

The challenge in determining cause and effect is to rule out the risk factors shared by periodontal disease, tooth loss, and ischemic stroke as alternative explanations.

"What is unique about this study is that we looked at a group of health professionals, who by nature are homogenous with respect to education, socioeconomic status and health behavior," she says. "They would be doing more things to keep themselves healthy, whether it is for their overall health, dental health or their cardiovascular health. So if we find an association in this kind of population, it is more likely that it is causal."

Co-authors are Hsin-Chia Hung, Dr.P.H.; Eric B. Rimm, Sc.D.; Walter C. Willett, M.D.; and Alberto Ascherio, M.D.

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