

## **1. Periodontal Disease and Coronary Heart Disease Risk, September 2000**

Dec 8, 2010 ... Context Research has suggested a relationship between **periodontal disease** and coronary heart disease.

## **2. Periodontal infections and coronary heart disease: role of periodontal bacteria and importance of total pathogen burden in the Coronary Event and Periodontal**

A Spahr, E Klein, N Khuseyinova - Archives of internal, 2006 - Am Med Assoc  
Microbiological parameters, such as total **periodontal** pathogen burden and especially the amount of *A actinomycetemcomitans* in the **periodontal** pockets, seem to be of greater emerging risk factors for atherosclerotic vascular **disease**.

## **3. Relationship of periodontal disease and tooth loss to prevalence of coronary heart disease**

JR Elter, CME Champagne Journal of, 2004 - Am Academy of Periodontology  
782 Relationship of **Periodontal Disease** ... Background: Studies relating **periodontal disease** to coronary heart **disease** (CHD) have provided equivocal results using tooth loss and/or clinical signs of **periodontal disease** as measures of **periodontal** exposure.

## **4. Does The Mouth Put The Heart at Risk? JADA, Vol. 130, January 1999**

## **5. The Emerging Connection Between Oral Infection and Systemic Disease**

Today, we realize that oral infections are associated with a number of systemic diseases and disorders (Figure). The association between oral microbial infection and systemic disease is not a new concept. Pregnant women with oral infections have been found to have a substantially increased risk of giving birth to low-birth weight, premature babies.<sup>4</sup> People with certain heart problems or coagulation abnormalities and those with artificial joints are thought to be particularly vulnerable to some of the microbes that live in the oral cavity. The number of reports associating oral infections with systemic disease has been increasing steadily in the last few years. Most of the reports are based on epidemiological studies. The number of reports associating oral infections with systemic disease has been increasing steadily in the last few years. Most of the reports are based on epidemiological studies.

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## **6. Periodontal disease and diabetes**

A large evidence base suggests that diabetes is associated with an increased prevalence, extent and severity of gingivitis and periodontitis. Furthermore, numerous mechanisms have been elucidated to explain the impact of diabetes on the periodontium. While inflammation plays an obvious role in periodontal diseases,

evidence in the medical literature also supports the role of inflammation as a major component in the pathogenesis of diabetes and diabetic complications. Research suggests that, as an infectious process with a prominent inflammatory component, periodontal disease can adversely affect the metabolic control of diabetes. Conversely, treatment of periodontal disease and reduction of oral inflammation may have a positive effect on the diabetic condition, although evidence for this remains somewhat equivocal.

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The evidence suggests a moderate association—but not a causal relationship—between periodontal disease and heart disease. Results of some case-control studies indicate that subgingival periodontal pathogenic infection may be associated with myocardial infarction. Basic laboratory studies point to the biological plausibility of this association, since oral bacteria have been found in carotid atheromas and some oral bacteria may be associated with platelet aggregation, an event important for thrombosis. Animal studies have shown that atheroma formation can be enhanced by exposure to periodontal pathogens.

**Conclusions.** The accumulation of epidemiologic, in vitro, clinical and animal evidence suggests that periodontal infection may be a contributing risk factor for heart disease. However, legitimate concerns have arisen about the nature of this relationship. These are early investigations. Since even a moderate risk contributed by periodontal disease to heart disease could contribute to significant morbidity and mortality, it is imperative that further studies be conducted to evaluate this relationship. One particularly important study to be carried out is the investigation of a possible clinically meaningful reduction in heart disease resulting from the prevention or treatment of periodontal disease.

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