

Periodontal Diseases Risk Factors

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Periodontal disease is a general term that described any disease of tooth supporting tissue. In fact, it starts from gingivitis and progresses to sever periodontitis with bone loss. It is characterized by inflammation of periodontium, specifically the periodontal ligament, cementum and alveolar bone. Unlike gingivitis that is limited to gum, periodontitis is associated with epithelial attachment loss, increased periodontal pocket depth, increased gingival crevicular fluid, alveolar bone loss and impairment of connective tissue attachment to cementum and finally tooth mobility. One of most common form of periodontal disease is adult periodontitis that can be localized or generalized. Periodontal diseases are prevalent both in developed and developing countries and involved about 20 - 50% of total population. High prevalence of periodontal disease in adolescents, adults and older individuals makes it a public health concern in the world. Persistence of infection at the gingival margin results progressive inflammation and destruction of the supporting tissue. However, there are some risk factors that can be accelerate the progress of periodontitis. They are divided two main groups: Modifiable and Non-modifiable. The first ones are more important because we can control them.

Modifiable risk factors

Smoking: Smoking is the best example of the modifiable risk factors for developing periodontal disease. Many cross sectional and longitudinal studies found that former smokers (clinically defined as two or more years since quitting smoking) experience less attachment loss than current smokers but more than never-smokers. Also, smokers have early tooth loss and respond less well to treatment.

Diabetes Mellitus: Diabetes Mellitus is a modifiable factor that can be controlled. Many Studies have shown a relationship between poor glycemic control and periodontal disease and also some of them have suggested a bi-directional relationship between periodontal disease and glycemic control.

Alcohol use: Alcohol use in a review and analysis of studies by Grossi results showed that consumption of 3.5 drinks or more per week is associated with grater pocket depths after adjusting of smoking and plaque control.

Psychological factors: Some studies have demonstrated that individuals under psychological stress are more likely to develop clinical attachment loss and loss of alveolar bone. However, this relationship may simply due to the fact that individuals under stress are less likely to perform regular good oral hygiene and prophylaxis.

Non-modifiable risk factors

Genetic factors: The role of genetic factors in aggressive periodontitis is clear. However, this role for chronic adult periodontitis is controversial.

Other systemic disease: Several deficiencies of neutrophil function have been related to periodontal disease. These include Chediak-Higashi syndrome, cyclic neutropenias, lazy leukocyte syndrome, agranulocytosis and leukocyte adhesion deficiency and Down syndrome and Papillon Lefevre syndrome.

Ageing: Ageing is associated with an increased incidence of periodontal disease, but the increased level of clinical attachment loss observed with aging is the result of cumulative destruction rather than a result of increased rates of destruction [1-6].

Conclusion

Risk factor identification and management has become a key part of management for periodontal diseases.

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