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Disease data report

Caries (decay)

Remineralization therapy, involving behavioural changes and promotion of mineralization over demineralization, typically by using fluoride-containing products, can help stop the progression of lesions or reverse it in early stages. (Pitts et al 2017)

Caries prevalence 37% in ages 17-21 (Pitts Et al 2017)

Root cause: sugar overall amount and frequency (Marsh Et al 2019)

Suggestions: fluoride supplements
5000ppm toothpaste, Spit not rinse.
Dietary sheet for analysis.
(Steele et al 2018)

Reduce recall intervals based on risk assessment (NICE guidelines)

Sucrose consumed only twice a day changes the composition of the biofilm, increasing the risk for developing caries even if the person uses fluoride toothpaste (Effect of frequency of sucrose exposure on dental biofilm composition and enamel demineralization in the presence of fluoride. Caries Res. 2007)

Periodontal (Gum) disease

There is an increasing amount of evidence that periodontal infections may directly contribute to the pathogenesis of ATH and thromboembolic events by providing repeated systemic challenges with liposaccharides and inflammatory cytokines. (Prasad Dhadse 2010 Journal of periodontics)

Meta-analysis of nine cohort studies of PD as a risk factor for future cardiovascular and cerebrovascular events RR 1.19; (95% CI [1.08–1.32]) and found an overall 19% increased risk of such events in individuals with periodontitis.[33] The increase in risk was greater (44%)
in people under age 65. (Janket et al)

Shorter recall intervals between dental check-up appoints are suggested for patients with poor plaque control (Nice Guidelines)

Chronic periodontitis might be a risk factor in the incidence and progression of AD. Periodontitis is a chronic inflammatory disease resulting in years of locally increased pro-inflammatory molecules that surround the trigeminal cranial nerve endings. The significance of the possible involvement of periodontitis in AD onset and progression is that periodontal infections are treatable; therefore, periodontitis might be a modifiable risk factor for AD. (Inflammation and Alzheimer's disease: Possible role of periodontal diseases: Angela R. Kamer 2008)