

PERIODONTAL (GUM) DISEASE & IT'S TREATMENT

Q What do healthy gums look like?

A In a healthy mouth, gums are pink and do not bleed on toothbrushing. They are firm and cannot be easily separated from teeth.

Q What is gum disease?

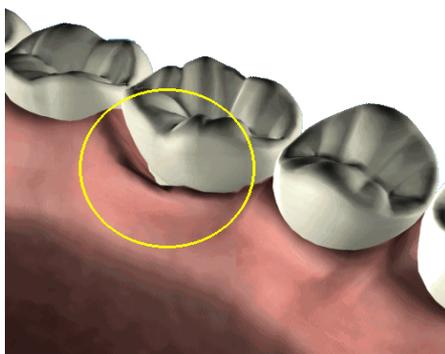
A Gum disease is inflammation of the tissues that support teeth and attach them to the jaw. In the early stages the disease only involves soft gum tissue and is called *gingivitis*. Later, disease may spread to the bone and is called *periodontitis*.

Nowadays, in the UK gum disease is one of the commonest causes of tooth loss in adults.

Q What does gum disease look like?

A This depends on the severity of the disease. In gingivitis, the gums are usually red and swollen, and often bleed during tooth brushing.

As the disease progresses, gums shrink and teeth may loosen as bone underneath is destroyed. Eventually some teeth may fall out or have to be removed by your dentist.



Gum disease is often associated with bad breath or an unpleasant taste in the mouth.

Q What causes gum disease?

A Gum disease is caused by a thin layer of bacteria called plaque which builds up on teeth. These bacteria release poisons which irritate the gums and other supporting tissues, causing inflammation. Gingivitis is caused by plaque, which forms on teeth near the gum margin. The plaque which causes periodontitis is different - it builds up in the pockets that form between gums and teeth as the disease gets worse. Some people are more susceptible to gum disease than others.

Q Can gum disease be controlled?

A YES

- Careful brushing and flossing reduces the build up of plaque at the gum margins and between the teeth.
- Regular dental visits supplement your own efforts. Your dentist or hygienist can remove any plaque that has formed above and below the gumline. They can also remove calculus (tartar). This hard deposit provides a good surface for plaque to grow on. Since calculus resists normal brushing it needs to be professionally removed.



- Existing gum disease can be treated if it is not too advanced. Where pockets have formed the roots of teeth can be cleaned and smoothed to allow the gum to reattach and the swelling to subside. This is called scaling and root planing. In deeper pockets it may be useful to reduce the bacteria using antibiotics. In advanced disease, surgery to reshape the gum and bone can help to stabilise teeth and prevent them falling out. Surgery can also make it easier to remove plaque and tartar from these sites.

Q What is Dentomycin?

A Dentomycin was launched in 1993 and has been successfully used in more than 1.3 million patients world wide. It is a gel that contains an antibiotic (minocycline) which is active against the bacteria that cause periodontitis.

Q Why is Dentomycin a gel?

A This allows the antibiotic to be applied directly into the pockets where bacteria are growing. This means effective concentrations at the disease site and low concentrations in the bloodstream to reduce the risk of side effects.

Q When is Dentomycin treatment recommended?

A Dentomycin is used when gum tissue has detached from the teeth to form obvious pockets. These

sites are more likely to get worse than shallower sites.

Your dentist or hygienist can check for pockets using a special probe, which is placed between the gum and tooth.

Q What does Dentomycin treatment involve?

Dentomycin is usually applied after scaling and root planing. Your dentist or hygienist will apply Dentomycin to all affected sites, every two weeks for a total of three to four visits.

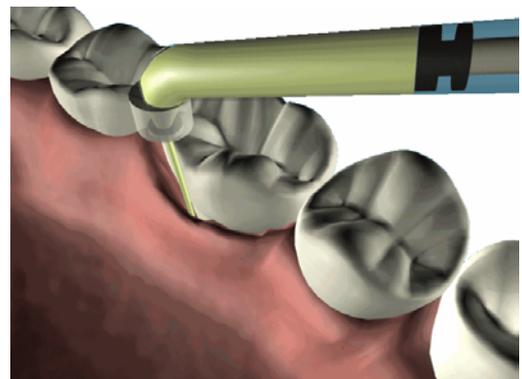
You shouldn't brush, floss, eat or drink for at least two hours after Dentomycin treatment.

Q What effect does Dentomycin treatment have?

A Clinical studies have shown that Dentomycin treatment reduces the bacteria that cause periodontitis and reduces the depth of treated pockets. These changes indicate an improvement in gum health.

Q Are there any side effects?

A Because it is applied direct to the site, and not swallowed, Dentomycin is a good way to treat gum disease. Fewer side effects have been reported than taking antibiotic tablets. Irritation and gum swelling can occur. If you experience these after Dentomycin treatment inform your dentist or hygienist before your next appointment. In very rare cases, patients have reported





diarrhoea or an upset stomach.

Very rarely, some patients develop an allergic reaction to antibiotics. If you develop a severe headache, rash or itching, shortness of breath or swelling of the tongue following Dentomycin or other antibiotic treatment, contact your doctor or dentist immediately.

Q Is Dentomycin suitable for all patients?

Provided the gum disease is sufficiently advanced, there are few patients who would not be suitable for Dentomycin treatment.

Dentomycin should not be used in:

- patients who are allergic to tetracycline antibiotics

- patients with complete kidney failure
- children under 12 years.

In addition, since Dentomycin has not been tested on certain patient groups it is unlikely that your dentist would want to treat:

- pregnant or breastfeeding women
- patients taking anticoagulants (eg. Warfarin)
- children over 12 years.

However, there may be occasions when Dentomycin is considered the most appropriate treatment. You should discuss this fully with your dentist prior to starting treatment. It is important that you tell your dentist if you are pregnant, trying for a baby, or if you are breastfeeding.

If you have any additional questions about gum disease and its treatment you should ask your dentist or hygienist.