

April 14, 2016

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I was shocked when, after a high c-reactive protein reading, my primary care physician asked me about my gingival health. Is the mainstream medical community embracing the oral-systemic link?

I always try to be responsible about checking in yearly with my primary care provider (PCP). I'm comfortable with my physician and I have confidence in her. This article will focus on a physician's view of oral health.

This past summer, my routine physical exam was no different from other years, except when I received my test results. The verdict: I displayed a high C-reactive protein reading. My physician began to question me to determine why this high reading was occurring. I was shocked to hear her ask me about my oral health. She wanted to know if I have any gingival bleeding! I was very impressed. In fact, I do not have any gingival inflammation or bleeding. The doctor did not examine my mouth, but she thrilled me with the question. Are we beginning to get the medical community to learn about the oral-systemic connection and incorporate it into their daily practice of medicine?

C-reactive protein (CRP) is a blood test marker for inflammation in the body. (1) CRP is produced in the liver in response to inflammation in the body, and its level is measured by a simple blood test. Taking a blood test for CRP does not provide an exact diagnosis of a condition, but it gives the insight that the body is reacting to something.

Inflammation is the body's response to an injury, an infection, or stress. This inflammation reflects an attempt by the body to protect itself from something that can be harmful. While

inflammation is a normal and often helpful response, chronic inflammation is concerning. Chronic inflammation can cause lasting damage to your heart, brain, and other organs. (2, 3) Inflammatory cells in blood vessels can promote the buildup of dangerous plaque. As the plaque continues to build, thickened arteries can make a heart attack or stroke much more likely. Similarly, inflammation in the brain may play a role in Alzheimer's disease, though the connection is not yet clear. (3)

Oral disease may be overlooked as a possible cause of high CRP readings. Often a primary care provider might suggest additional testing when the answer could be as easy as evaluating a patient's oral health. A PCP is already comfortable looking into a mouth and asking us to say "AH". Now, a quick and educated look at the gingivae could become just as common. So, I am lucky. I *have* a physician who knows about CRP's connection to oral health. I am also glad that my good oral hygiene has kept my mouth in good health. I love my Philip's Sonicare Diamond Clean brush and am confident that it contributes to my good oral and systemic health. (4, 5, 6) It is important to share information with our patients about power brushes and interdental cleaning to optimize their fight against inflammation.

So, now what? What is the origin of my inflammation? Well, that puzzle remains to be solved. I would bet that my physician has never had a patient so excited to be questioned about her oral health. What a thrill to know that physicians are becoming aware of the importance of oral health to overall health and wellness.

Dental hygienists need to continue to play a role in interdisciplinary education. Nursing and medical students are in need of this education, so that one day being asked about one's oral health will be no longer result in a surprised reaction from the dental hygiene community. A focus on education regarding self-care is also important. Educating patients about interdental cleaning, power tooth brushes and other means of removing plaque biofilm will help them with their oral and overall health.

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