

Gum disease affects more than just your mouth. Take care of it today!

Maintaining healthy teeth and gums isn't just about fresh breath or a sparkly smile. It's important to your overall health. Why? Because gum disease, or periodontitis, can erode the foundation of your mouth, and could pose a threat to your body.

Gum disease is very common, in fact close to 80 percent of U.S. adults currently have some form of the disease.¹ Other research indicates it is the leading cause of adult tooth loss if left untreated.²

What is gum disease?

Gum disease, also known as periodontal disease, is a silent, persistent bacterial infection around the gums and the bone that supports your teeth.

What are the symptoms?

Your gums can give you an indication that you may have an infection:

- Red, swollen and tender gums
- Gums that bleed after brushing or flossing
- Persistent bad breath
- Pain while chewing
- Loose teeth

A member of your dental team can determine if you have periodontal disease by performing a quick and relatively painless test to measure the size and depth of the pockets in the gums. Pockets that are deeper than 5 or more millimeters (mm) may indicate an infection.

Stages of Gum Disease

Gingivitis



The mildest form of gum disease, often caused by the build up of plaque around the gums. Simple to treat with regular visits to the dentist and a good oral care program at home.

Symptom: Red, swollen and bleeding gums.

Moderate Periodontitis



More serious than gingivitis, pockets form around the base of one or more teeth. Pocket depths are diagnosed by your dental team.

Symptom: Receding gumline, bleeding gums.

Advanced Periodontitis



The most severe form of gum disease, gum tissue pulls away from one or more teeth, and supporting bone may be compromised. Ongoing treatment may be required.

Symptom: Loose teeth, receding gumline in several places.

Are there treatments for periodontal disease?

Yes! Your dental hygienist may conduct scaling and root planning (SRP) to remove the plaque and tartar from your teeth.

Your dental team may recommend an additional treatment to combat bacteria below the gumline. This treatment is a Locally Applied Antibiotic (LAA) such as **ATRIDOX** (doxycycline hyclate) 10%.



Why ATRIDOX is the right treatment for your gum disease

ATRIDOX is a leading Locally Applied Antibiotic (LAA). In studies, **ATRIDOX** has been shown to improve the health of gums and to help stop the progression of gum disease.

ATRIDOX antibiotic gel is placed gently into your gum pockets where bacteria thrive. It quickly solidifies to a wax-like substance, slowly releasing the antibiotic to the infected area for 21 days.³ The antibiotic works to kill the bacteria that are associated with periodontal disease.

What can you do to prevent gum disease in the future?

- Visit your dentist or periodontist at the minimum every six months or as recommended.
- Brush and floss regularly.
- Your dentist may recommend an antiseptic mouthwash.

Take care of yourself.

Don't ignore periodontal disease.

Periodontal disease (gum disease) may affect general health

Respiratory Infections²⁻⁵

- Inhaling bacteria from the mouth and throat can lead to pneumonia.
- Dental plaque buildup creates a dangerous source of bacteria that can be inhaled into the lungs.

Severe Osteopenia¹¹

- Reduction in bone mass (osteopenia) is associated with gum disease and related tooth loss.
- Severity has been connected to tooth loss in postmenopausal women.

Preterm or Low Birthweight Babies¹⁷⁻¹⁸

- Women with advanced gum disease may be more likely to give birth to an underweight or preterm baby.¹⁷
- Oral microbes can cross the placental barrier, exposing the fetus to infection.¹⁷

Stroke¹

- Those with adult periodontitis may have increased risk of stroke.

Heart Disease⁶⁻¹⁰

- Those with adult periodontitis may have increased risk of fatal heart attack...^{1,6,7}
- And are more likely to be diagnosed with cardiovascular disease.¹
- Bacteria from the mouth may cause clotting problems in the cardiovascular system.⁶

Uncontrolled Diabetes¹²⁻¹⁶

- Chronic periodontal disease can disrupt diabetic control.¹²⁻¹⁵
- Diabetes can alter the pocket environment, contributing to bacterial growth.¹⁴
- Smokers with diabetes increase their risk of tooth loss by 20 times.¹³
- People with type II diabetes are 3 times as likely to develop periodontal disease than are nondiabetics.¹³

To find out more information:

1-877-TOLMAR1
(1-877-865-6271)

www.atridox.com

A cause and effect relationship between periodontal disease and the increased risk of systemic disease has not been established.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



References: 1. Bonner P. The link between periodontal disease and systemic health: a scientific update. *Dent Today*. July 1999;88-89. 2. Fisher M. Thoughts to chew on. Available at: http://www.drkoop.com/healthnews/_reports/acsh/july/gum_disease.html. Accessed April 2000. 3. Scannapieco FA. Role of oral bacteria in respiratory infection. *J Periodontol*. 1999;70:793-802. 4. Limeback H. Implications of oral infections on systemic diseases in the institutionalized elderly with a special focus on pneumonia. *Ann Periodontol*. 1998;3:262-275. 5. Scannapieco FA, Papandonatos GD, Dunford RG. Associations between oral conditions and respiratory disease in a national sample survey population. *Ann Periodontol*. 1998;3:251-256. 6. Williams P. Scientists discover first bacterial enzyme that activates blood-clotting—links gum health and heart disease in humans. Available at: http://www.eurekalert.org/Elert/current/public_releases/deposit/bacterial_enzyme.html. Accessed April 2000. 7. The American Academy of Periodontology. Ask Your Periodontist About Periodontal Disease and Heart Disease. Chicago, IL: The American Academy of Periodontology. 8. Mattila KJ. Dental infections as a risk factor for acute myocardial infarction. *Eur Heart J*. 1993;14(suppl K):51-53. 9. Beck J, Garcia R, Heiss G, et al. Periodontal disease and cardiovascular disease. *J Periodontol*. 1996;67(suppl 10):1123-1137. 10. DeStefano F, Anda RF, Kahn HS, et al. Dental disease and risk of coronary heart disease and mortality. *BMJ*. 1993;306:688-691. 11. Wactawski-Wende J, Grossi SG, Trevisan M, et al. The role of osteopenia in oral bone loss and periodontal disease. *J Periodontol*. 1996;67:1076-1084. 12. National Institute of Dental and Craniofacial Research. Diabetes and periodontal disease—a guide for patients. Available at: <http://www.nidcr.nih.gov/pubs/diabetes/text.htm>. Accessed April 2000. 13. National Institute of Dental and Craniofacial Research. Oral opportunistic infections: links to systemic diseases. Available at: <http://www.nidcr.nih.gov/spectrum/nidcr2/2textsec3.htm>. Accessed April 2000. 14. Den-Tel-Net. The diabetic patient and periodontal therapy. Available at: <http://biz.onramp.net/Den-Tel-Net/Den-Tel-Net/dtn95/peri01095.html>. Accessed April 2000. 15. Diabetes Forecast. Is gum disease hurting your control. Available at: <http://www.diabetes.com/news/19981103-01.html>. Accessed April 2000. 16. Ryan ME, Ramanurthy NS, Sorsa T, Golub LM. MMP-mediated events in diabetes. *Ann NY Acad Sci*. 1999;878:311-334. 17. National Institute of Dental and Craniofacial Research. Preterm low birthweight babies. Available at: <http://www.nidcr.nih.gov/spectrum/nidcr2/2textsec3.htm>. Accessed April 2000. 18. Offenbacher S, Katz V, Fertik G, et al. Periodontal infection as a possible risk factor for preterm low birth weight. Available at: <http://www.perio.org/journal/abstracts/October/1103.html>. Accessed April 2000.