



European Regional Organisation of
the Fédération dentaire internationale



ERO Prevention Questionnaire

Preliminary Results

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Introduction

The project of the ERO Working group **Prevention** to investigate on the relationship between periodontal disease and cardiovascular disease has been decided in 2011 at the Spring Plenary session in Sofia, Bulgaria. The final objective shall be to deliver a **guideline for a collaborative approach between dentists and physicians in prevention and treatment actions and a consensus-based resolution paper which should be a support for the ERO-members in their efforts to address proactively health questions in which the dental profession must be involved**. It has been decided to select relevant literature to set up a first questionnaire addressed to the dental profession, followed by those delivered to the national associations of cardiologists and diabetologists in the ERO region.

A first draft position paper based on the results of the first questionnaire will be presented at the Spring Plenary session in Prague in 2012. The results of the two questionnaires addressed to the medical specialists will be integrated into the first document in order to develop a resolution paper under the aegis of ERO. In a consensus-conference a common guideline shall be discussed and adopted.

Methodology

The ERO-WG has set up the first questionnaire for dentists (Chair: Prof. Denis Bourgeois; Members: Prof. Paulo Melo, Dr. Philippe Rusca, Prof. Gerhard Seeberger). The questionnaire has been sent to all ERO members. The respondents have been asked to give an option to one of the ranks in a Likert-scale (fully agree – agree – do not know – disagree – fully disagree). In a following step the results have been analyzed and elaborated in graphics. In a following step the results and the draft paper will be discussed in the WG meeting prior to the Spring Plenary session 2012.

Guideline

A circular logo with a green border containing a stylized white graphic of a person's head and shoulders, possibly representing a dental or medical professional.

Oral health
for people with diabetes

A small logo for the International Diabetes Federation (IDF), featuring a stylized figure of a person with a cross on their back, symbolizing the burden of the disease.

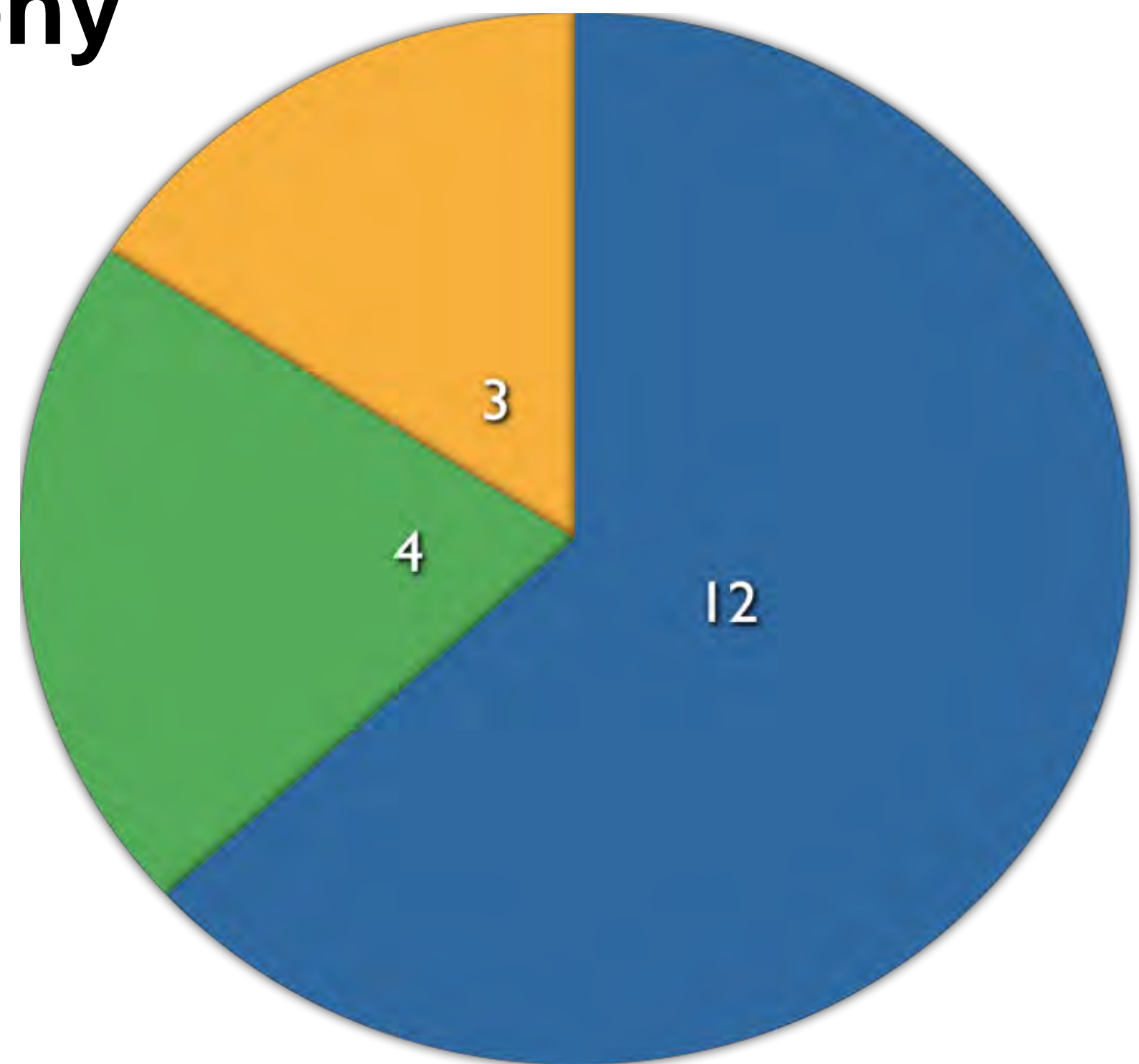
Diabetes



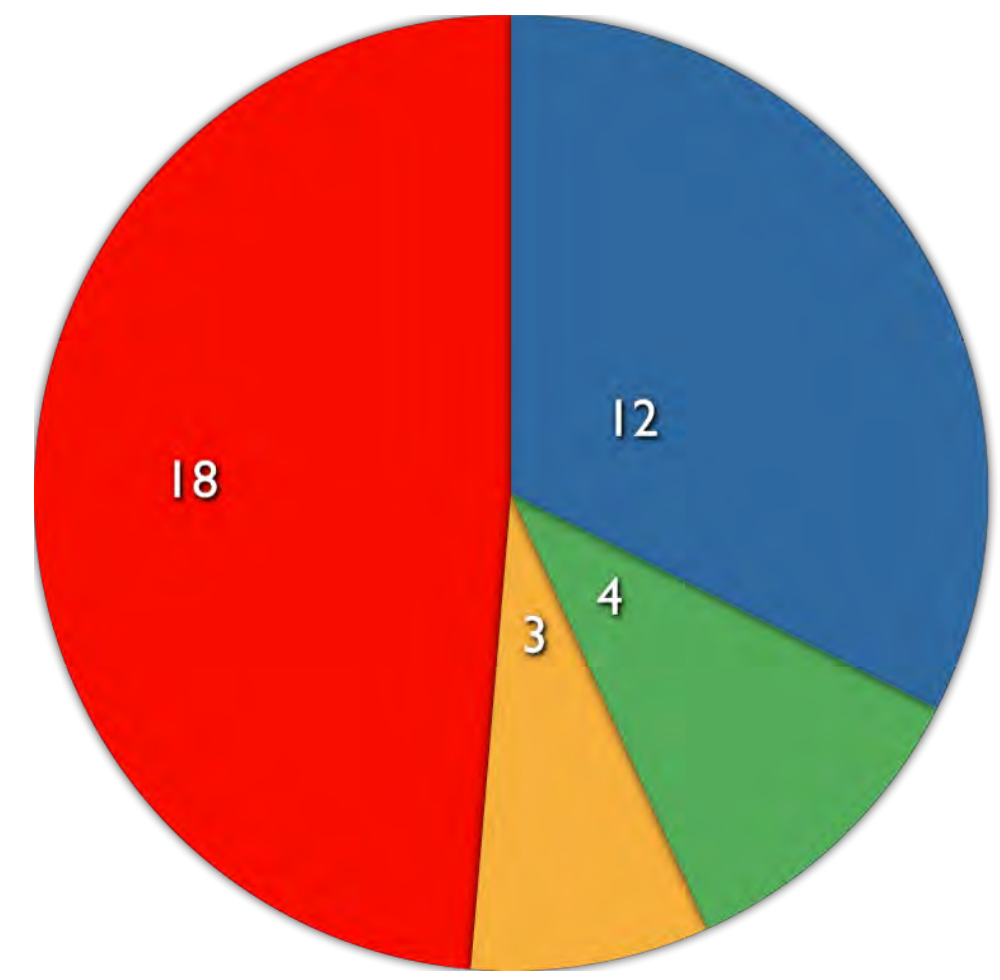
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Participation demography



- EU-Community
- non-EU-Community
- Eastern-Europe



- EU-Community
- non-EU-Community
- Eastern-Europe
- no response

Participation in the survey: 12 EU-community countries (Italy submitted two questionnaires)

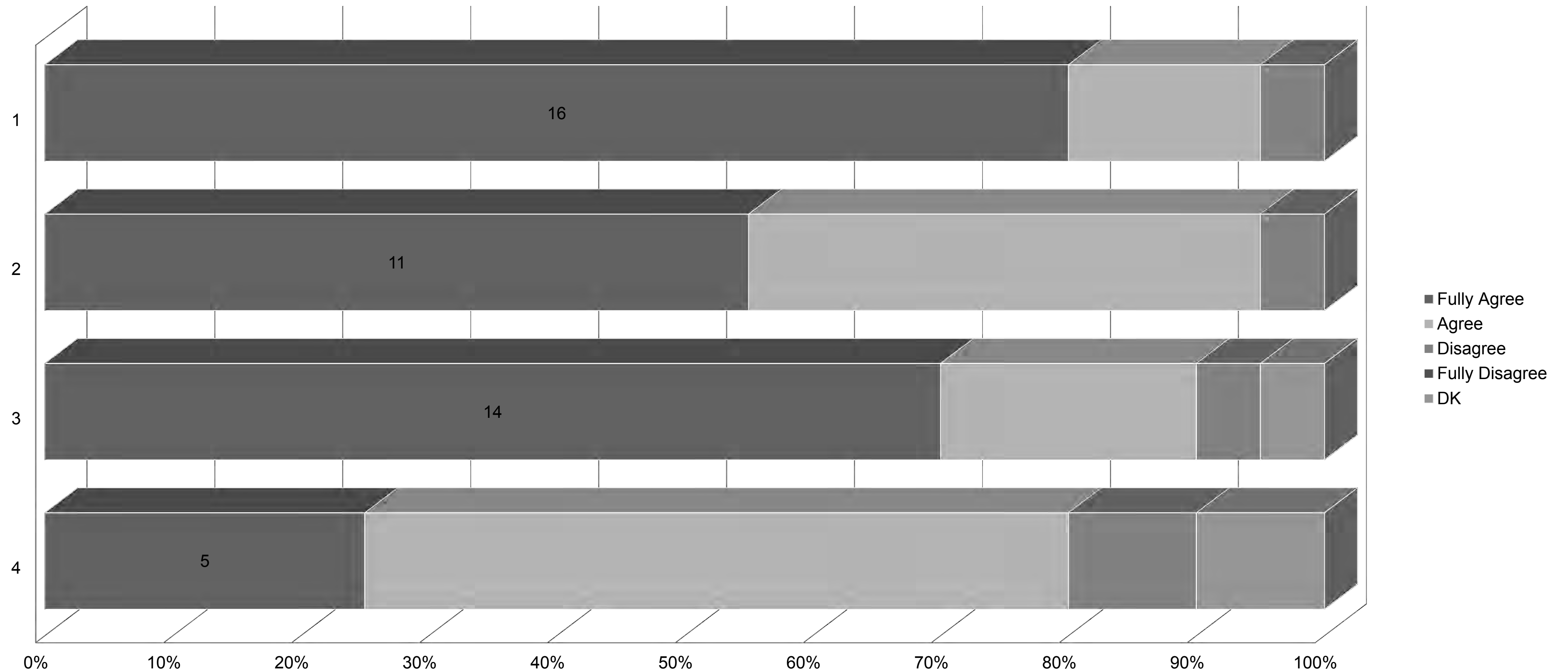
4 non-
EU-community countries
3
Eastern European countries

1. Do clinicians need to be aware of the possible association of periodontal disease with cardiovascular disease?

2. Should the implementation of campaigns raise the awareness of dentists on cardiovascular problems?

3. Should the implementation of campaigns raise the awareness of cardiologists on periodontal problems?

4. Is it necessary to advice a patient with chronic periodontitis to visit a cardiologist?

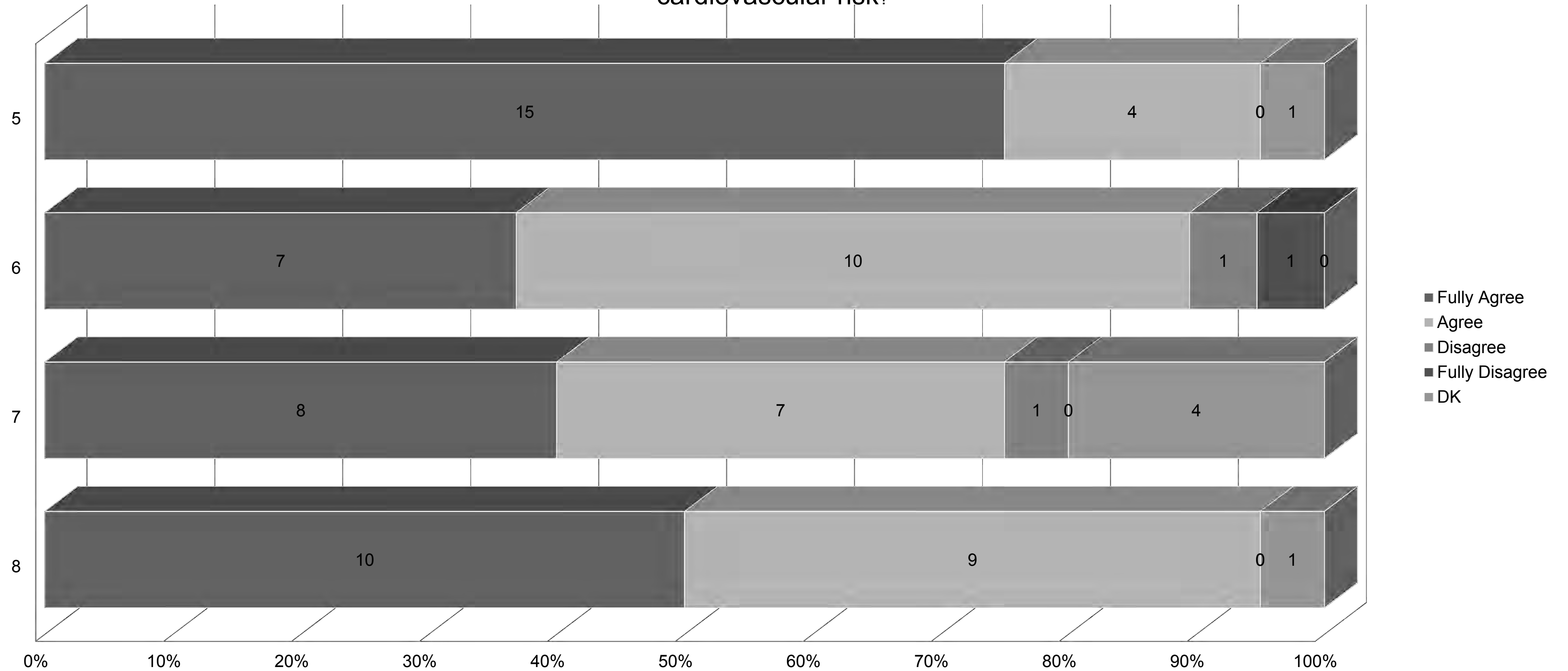


5. Are there associated risk factors (age, diabetes mellitus, hypertension, male gender, smoking)?

6. Do dentists need to be able to measure patient's blood-pressure in their offices?7

7. Do cardiologists have to include an oral/periodontal examination in their review?

8. Should acquired scientific data give the motivation to inform a patient affected by chronic periodontitis of an increased cardiovascular risk?

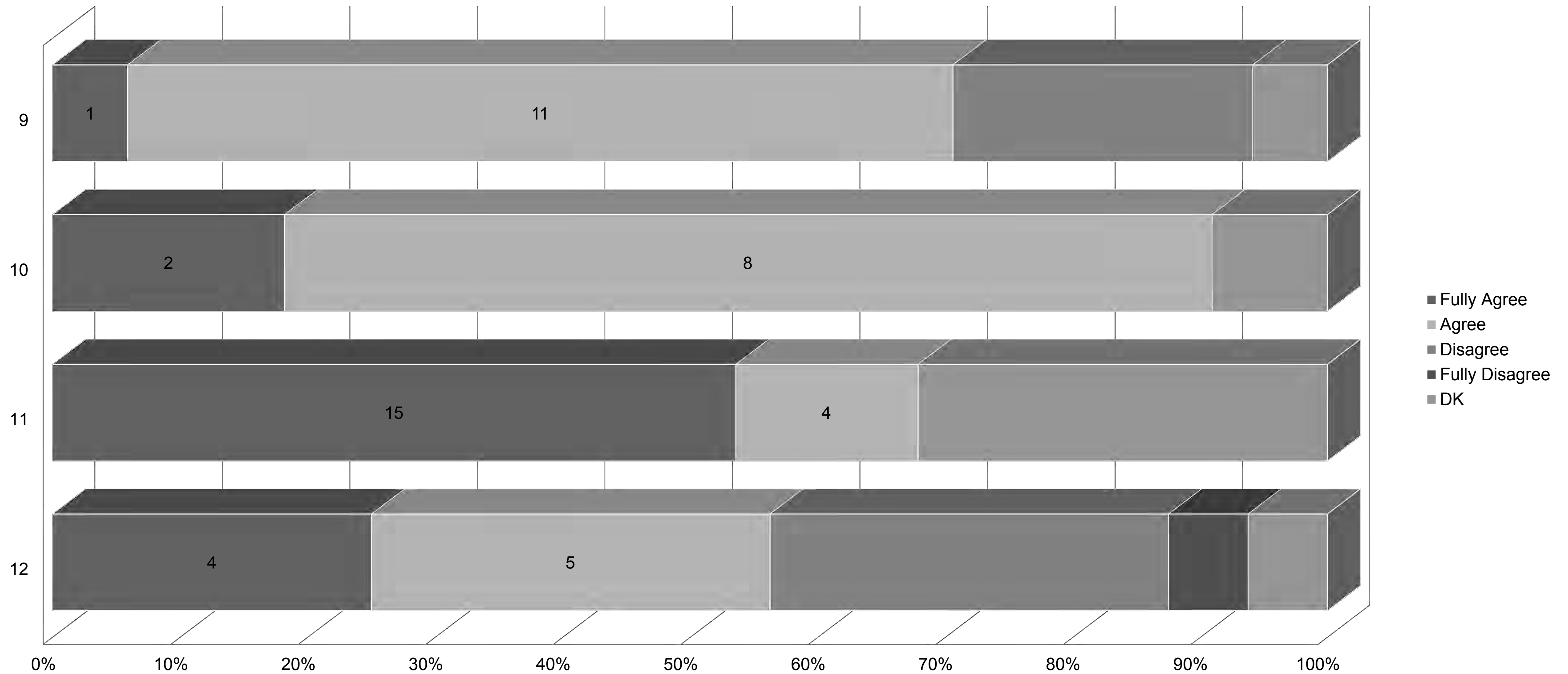


9. Shall the higher risk of CVD for a diabetic patient lead to treatment as for a patient affected by severe periodontitis?

10. Should radio-opacities in an OPT in the area of the a. carotis and v. jugularis be an indicator for CVD in patients with chronic periodontitis?

11. Should dentists be able to assist patients with chronic periodontitis to cease tobacco smoking?

12. Do dentists have to be skilled to carry out a blood glucose measurement in patients with chronic periodontitis?

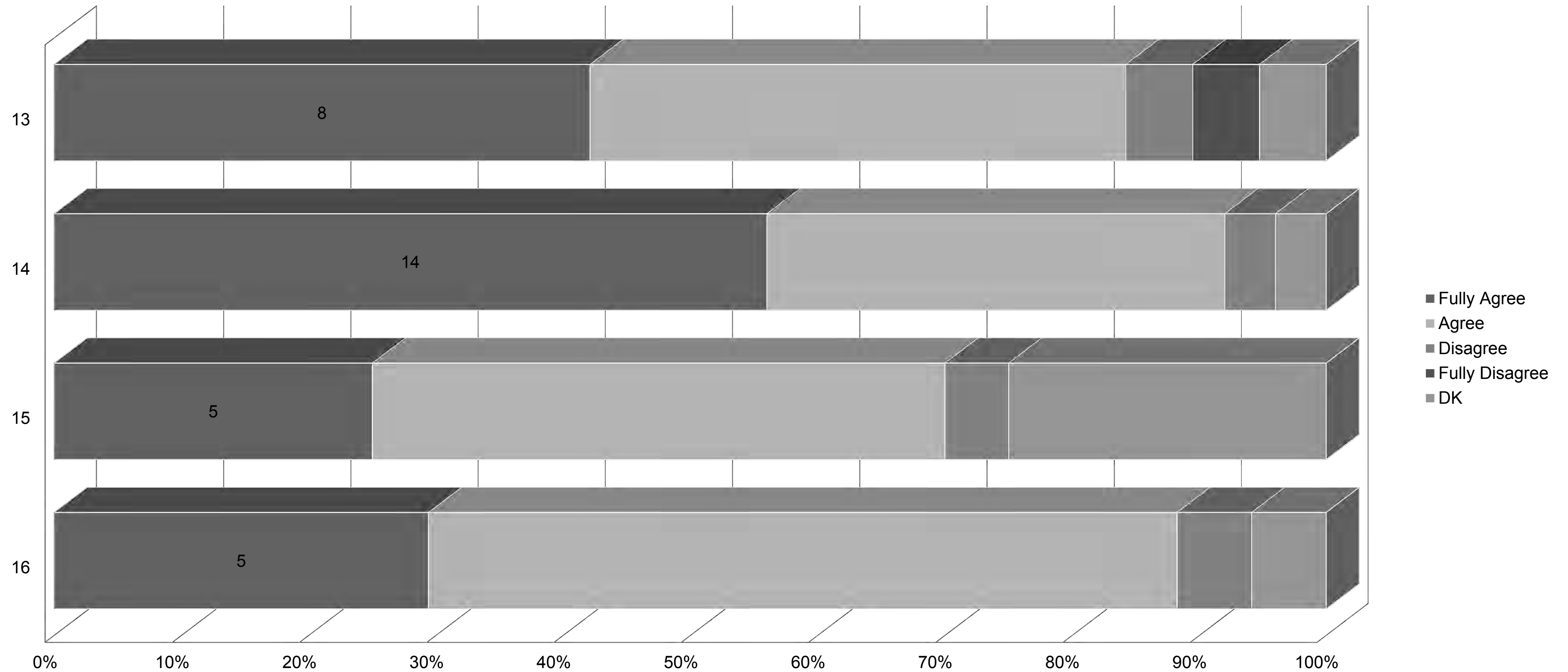


13. Do patients affected by moderate periodontitis and physiologic cardiovascular parameters have to change their lifestyle?

14. Shall all patients who have to undergo cardiovascular surgery check and eventually treat periodontitis pre-surgically?

15. Shall all patients who have to undergo periodontal surgery check and eventually treat cardiovascular pathologies?

16. Should patients with values of plasma hs-CRP (high sensitivity C-reactive protein) between 1.0-3.0 mg/L (average risk for CVD) undergo perio-screening?

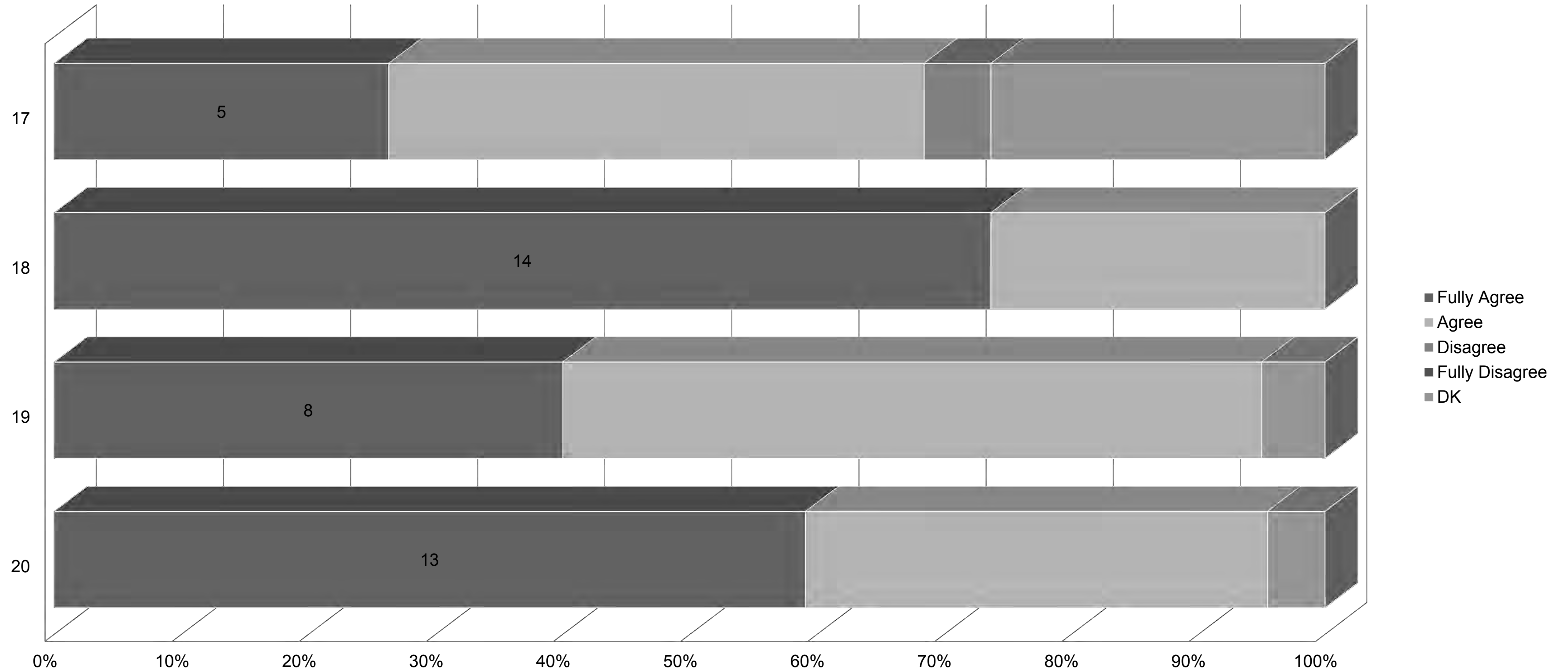


17. Should all patients with chronic periodontitis determine their hs-CRP values?

18. Might collaboration between dentists and physicians optimize periodontal care?

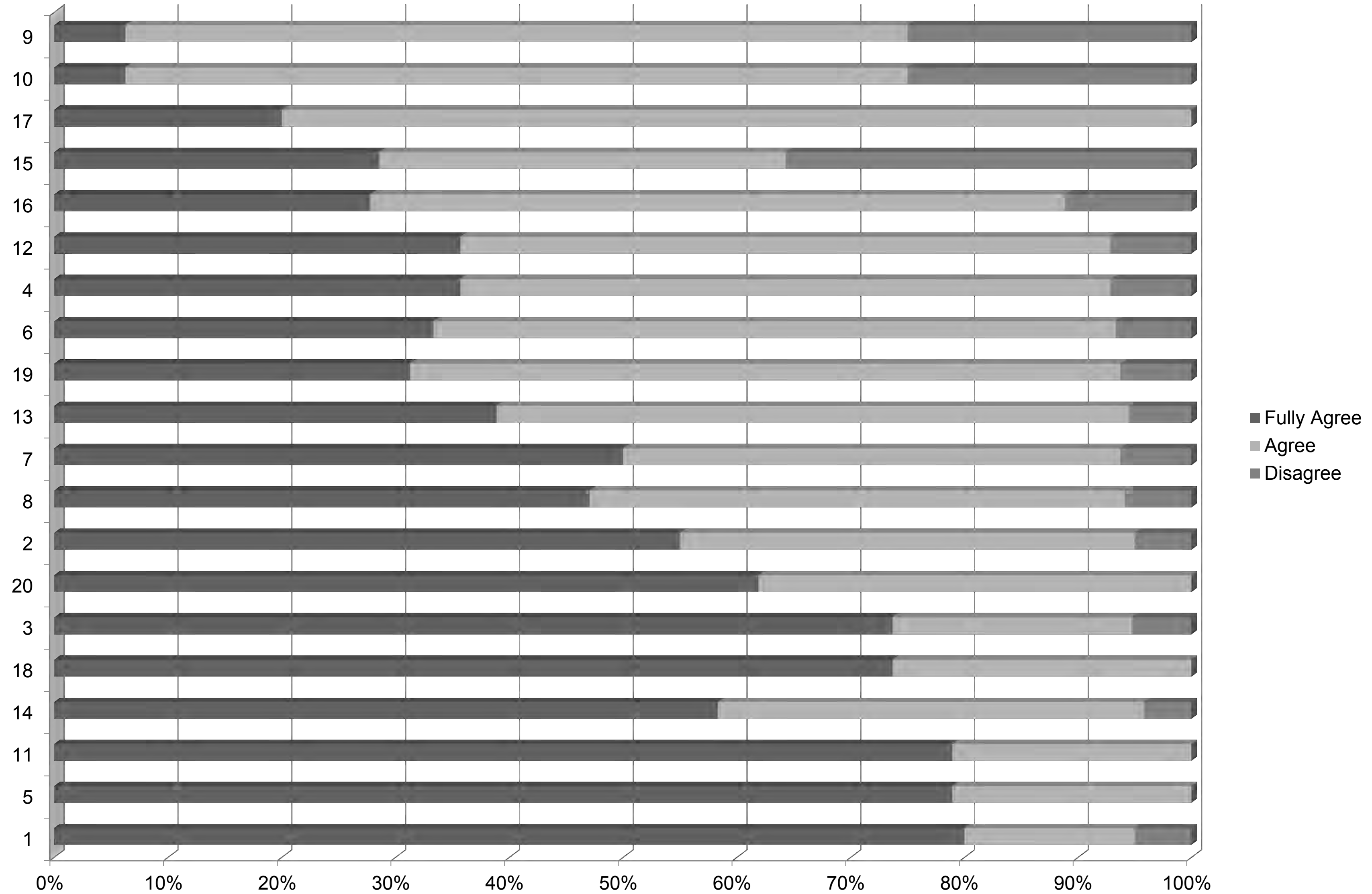
19. Should patients with metabolic syndrome and 1 or more risk factors for CVD be screened for periodontitis?

20. . Are better treatment outcomes to be expected when cardiologists and dentists collaborate managing patients with periodontitis and CVD?





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Main issues: High level of agreement

1. Do clinicians need to be aware of the possible association of periodontal disease with cardiovascular disease
5. Are there associated risk factors (age, diabetes mellitus, hypertension, male gender, smoking)?
11. Should dentists be able to assist patients with chronic periodontitis to cease tobacco smoking?
14. Shall all patients who have to undergo cardiovascular surgery check and eventually treat periodontitis pre-surgically?
18. Might collaboration between dentists and physicians optimize periodontal care?
3. Should the implementation of campaigns raise the awareness of cardiologists on periodontal problems?
20. Are better treatment outcomes to be expected when cardiologists and dentists collaborate managing patients with periodontitis and CVD?



Main issues: Low level of agreement

9. Shall the higher risk of CVD for a diabetic patient lead to treatment as for a patient affected by severe periodontitis?

10. Should radio-opacities in an OPT in the area of the a. carotis and v. jugularis be an indicator for CVD in patients with chronic periodontitis?

17. Should all patients with chronic periodontitis determine their hs-CRP values?

15. Shall all patients who have **to undergo periodontal surgery** check and eventually treat cardiovascular pathologies?

16. Should patients with values of plasma hs-CRP (high sensitivity C-reactive protein) between 1.0-3.0 mg/L (average risk for CVD) undergo perio-screening?

12. Do dentists have to be skilled to carry out a blood glucose measurement in patients with chronic periodontitis?

4. Is it necessary to advice a patient with chronic periodontitis to visit a cardiologist?

6. Do dentists need to be able to measure patient's blood-pressure in their offices?7



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Executive Summary

A questionnaire with 20 questions dealing with the relationship between cardio-vascular disease and periodontal disease has been set up by the ERO working group Prevention. It has been sent to the NDAs by mid-October 2011.

20 answers have been received by the end of December 2011. 12 of the countries that have responded are from the EU area (Italy has submitted two questionnaires), 4 are non EU members and 3 are from the Eastern European area ("Integration area").

All questions received answers showing a high agreement. Only 2 out of 20 questions did not reach 60% of agreement with 45% of lack of opinion (#10) and 30% of disagreement (#12). 5 out of 20 questions received no disagreement at all. 5 out of 20 questions showed lack of opinion (#5, #8, #10, #11, #18). (#7, #10, #12, #15, #17). 100% of the respondents agreed on a better treatment outcome based on the collaboration between physicians and dentists.

The level of agreement has been independent from the geographical area.

Two types of open comments have been received. One "depends on the case" instead of choosing one of the options for answering the question (#9, #10, #12, #16, #17) and one "If there is enough time for dental treatment" (#14). One respondent highlighted the collaboration with the national society for periodontics.

In conclusion it can be said that there is a need for a collaborative approach in patient treatment involving physicians, medical specialists and dentists. Continuing education programs, basic education of the undergraduate, awareness of the dental professions value in monitoring and screening actions, etc. shall be presented in a position paper. The results of questionnaires sent out to cardiologists and diabetologists shall be integrated in a final resolution.



1. Do clinicians need to be aware of the possible association of periodontal disease with cardiovascular disease?

1 fully agree 2 agree 3 nor agree/nor disagree 4 disagree 5 fully disagree

2. Should campaigns of information be implemented and raise the awareness of diabetologists on cardiovascular problems?

1 2 3 4 5

3. Should campaigns of information be implemented and raise the awareness of diabetologists on periodontal problems?

1 2 3 4 5

4. Is it necessary to advice a patient with chronic periodontitis to visit a diabetologist?

1 2 3 4 5

5. Are there associated risk factors for cardiovascular and periodontal disease (age, diabetes mellitus, hypertension, male gender, smoking)?

1 2 3 4 5

6. Do dentists need to be able to measure patient's blood-pressure in their offices?

1 2 3 4 5

7. Do diabetologists have to include an oral/periodontal examination report in their review?

1 2 3 4 5

8. Should acquired scientific data give the motivation to inform a patient affected by chronic periodontitis of an increased cardiovascular risk?

1 2 3 4 5

9. Shall the higher risk of CVD for a patient affected by severe periodontitis lead to the same treatment as for a diabetic patient?

1 2 3 4 5

10. Should radio-opacities in an OPT in the area of the a. carotis and v. jugularis motivate for CV screening and monitoring in patients with chronic periodontitis?

1 2 3 4 5

11. Should dentists be able to assist patients with chronic periodontitis to cease tobacco smoking?'

1 2 3 4 5

12. Should dentists have to carry out a blood glucose screening and monitoring in patients with chronic periodontitis?

1 2 3 4 5

13. Do patients affected by moderate periodontitis and physiologic cardiovascular parameters have to change their life-style ?

1 2 3 4 5

14. Shall all patients with diabetes who have to undergo pharmacological therapy check for CVD and eventually treat periodontitis?

1 2 3 4 5

15. Shall all patients who have to undergo periodontal surgery check for cardiovascular pathologies and diabetes?

1 2 3 4 5

16. Should patients with values of plasma hs-CRP (high sensitivity C-reactive protein) between 1.0-3.0 mg/L (average risk for CVD) undergo perio-screening?

1 2 3 4 5

17. Should all patients with chronic periodontitis determine their hs-CRP values?

1 2 3 4 5

18. Might collaboration between dentists and physicians optimize periodontal care?

1 2 3 4 5

19. Should patients with metabolic syndrome and 1 or more risk factors for CVD be screened for periodontitis?

1 2 3 4 5

20. Are better treatment outcomes to be expected when physicians and dentists collaborate managing patients with periodontitis and CVD?

fully disagree 1 agree fully 2 agree disagree 3 nor 4 agree/nor 5 disagree



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ERO Working Group Prevention

Position Paper

- ERO is the Regional Organization of the World Dental Federation, FDI. Its forty member associations represent over five-hundred thousand dentists of European countries as defined by the United Nations.
- Based on its objectives as from the ERO Constitution and in particular, *to support and promote national health policies by formulating common principles and proposals to be adopted in each country and to underline in particular the concern of the profession about dental health, policy and professional issues in member countries* it supports actively FDI's Mission Statement *to promote optimal oral & general health for all peoples.*

Considered

- that research has shown in numerous scientific papers that dentists and other medical specialists (as diabetologists and cardiologists) are treating patients with the same risk factors for oral and general pathologies



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Stated

that dentists are key-figures in medicine by actively promoting oral prevention, early diagnosis of oral and pathologies, time-adequate treatment of oral lesions

Acknowledged

that dentists do visit apparently healthy patients by taking advantage of a functioning recall-system since decades and time- and cost-effective screening and monitoring could uncover silent cardiovascular disease as well as diabetes

ERO arrogates for

The promotion of a collaborative approach of all medical specialists to optimize health
The adaptation of undergraduate education to this approach in dentistry and medicine
The adaptation of post-graduate training and life-long learning to this approach
The integration of all dental and medical auxiliaries into a collaborative approach
The institution of an adequate remuneration system for delivered services

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