



RECOMMENDATIONS AND INTERVENTION PROTOCOL

For patients with cardiovascular risk associated with gum disease



Patient with periodontitis

Inform patient that:

- Patients with periodontitis are at higher risk of suffering from a cardiovascular event
- They must control cardiovascular* and periodontal* risk factors

Provide oral health education and a customised oral hygiene regimen

- Brush teeth 2 times/day
- Interproximal cleaning
- Chemical control of oral biofilm

RECOMMENDATION:



Cardiac patients

Perform a thorough oral examination

(periodontal evaluation)

If **periodontal disease is not** diagnosed

- Establish a preventive oral care regimen
- Brush teeth 2 times/day
- Interproximal cleaning
- Chemical prevention

If **periodontal disease is** diagnosed

- Periodontal treatment must be performed as soon as the patient's cardiovascular condition allows

RECOMMENDATION:



Measures for reducing risk factors*:



Reduce the intake of:
Salt, refined carbohydrates, (pastries, cookies, etc.)
Saturated fats



Engage in physical exercise



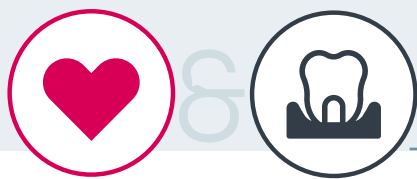
Increase the intake of antioxidant micronutrients (Vitamin C, beta carotene, lycopene, lutein, etc.; eg. carrots, oranges, tomatoes, spinach)



Do not smoke



Consume alcohol in moderation



Patient with cardiovascular disease (CVD) + periodontitis

1. Inform them that they must **strictly follow recommended oral care regimens**.
2. Regardless of the severity of CVD and the medication, **provide non-surgical periodontal therapy**.
3. Perform **periodontal surgery and implant therapy in a manner similar to their application in patients without CVD**.
4. **Dentists should consult with the patient's physician/cardiologist and be especially aware of:**

Hypertension:

- Prior to any surgical intervention → Measure blood pressure.
- If blood pressure is above 180/100 → Postpone the surgery until it has stabilised.

Antiplatelet and anticoagulant medication:

- Perform periodontal procedures → 18-24 hours after the last intake of anticoagulant drugs.
- The dentist must NOT change the patient's medication. When in doubt, before any intervention, consult with the patient's physician/cardiologist.
- For patients with a higher risk of bleeding, discontinuation of the treatment must be agreed upon with the medical professional responsible for prescribing the anticoagulant therapy.
- Any change in medication must be decided together with the relevant medical professional.

5. **Delay any surgical interventions than can be postponed until treatment has been stabilised** and the proper consultation with the medical specialist has been carried out.
6. **Patients simultaneously taking multiple anticoagulant and antiplatelet treatments** require individualised management by the medical professional responsible according to their thrombotic and hemorrhagic risk.
7. **Patients at risk for endocarditis** must be pre-medicated with antibiotics following updated guidelines.

ORAL HYGIENE REGIMEN:



Brush teeth 2 times/day
Interproximal cleaning



Chemical control

Following in-office periodontal treatment



2-4 WEEKS

Subsequently



LONG-TERM USE

Is periodontal treatment safe for patients with CVD?

Patients with CVD

Treatment is safe.

Patients undergoing antiplatelet therap

Periodontal treatment is safe, provided safe haemostatic measures are taken. Antiplatelet therapy should not be discontinued.

Risk of bleeding

Low in the vast majority of cases.

Patients undergoing anticoagulant treatment (vitamin K antagonists, new oral anticoagulants)

Periodontal treatment is safe, provided safe haemostatic measures are taken.