

SPAZIO RICERCA
Rimini, 15 marzo 2018
XX Congresso Nazionale SIdP

DENTAL CARIES AND PERIODONTITIS: IS THERE AN INDEPENDENT ASSOCIATION?

Romandini M.^[2], Baima G.^[3], Lafori A.^[4], Cordaro M.^[1]

^[1]CdL in Odontoiatria e Protesi Dentaria, Università Cattolica del Sacro cuore ~ Roma ~ Italy, ^[2]CdL in Odontoiatria e Protesi Dentaria, Università Cattolica del Sacro Cuore, Roma, Italia & Alumno EFP nel Programma di Specializzazione in Parodontologia, Universidad Complutense, Madrid, Spagna ~ Roma ~ Italy, ^[3]Dipartimento di Scienze Chirurgiche, C.I.R. Dental School, Università di Torino ~ Torino ~ Italy, ^[4]CdL in Odontoiatria e Protesi Dentaria, Università Cattolica del Sacro cuore, Roma, Italia & Reparto di Parodontologia e Protesi, Presidio odontoiatrico "G. Eastman", Policlinico "Umberto I", Roma, Italia ~ Roma ~ Italy

Introduction:

EFP and ORCA joined in the 1st European Workshop on Periodontal Diseases and Dental Caries with the aim of assessing the interdependency between the two conditions. Only 2 studies analyzing their co-occurrence were sorted and no multivariate risk assessment model were found.

Aims :

To corroborate whether there was an independent association between periodontitis and caries prevalence in a representative sample of the South Korea population (KNHANES 2012 data).

Methods:

The number of decayed, missing and filled teeth and the number of decayed teeth (DMFT and DT, respectively) were used. Periodontitis was assessed using the Community Periodontal Index (CPI), which was dichotomized using CPI \geq 3 in at least one sextant as cutoff.

Linear regression analyses were carried out to examine the "crude" association between periodontitis prevalence and the DMFT or DT. Then they were adjusted for age, gender, smoking status, carbohydrates dietary intake, oral hygiene, income, educational level, serum levels of Vitamin D, BMI, alcohol consumption, stress and diabetes.

Results:

A total of 6120 subjects were examined, representative of 41.3 million of adults. The participants affected by periodontitis were 1435. The mean number of decayed teeth was 0.75 (RSD: 0.051), while the mean DMFT score was 5.90 (RSD: 0.017).

In the crude models, a higher number of decayed teeth (MD: 0.37 - 95% CI: 0.21-0.55; p<0.001) and of DMFT score (MD: 0.80 - 95% CI: 0.36-1.25; p<0.001) was found in subjects with periodontitis.

After adjustment, subjects with periodontitis had 0.42 more decayed teeth than the no periodontitis ones (95% CI: 0.22-0.62; p<0.001), but not a higher DMFT score (MD: 0.27 - 95% CI: 0.29-0.82; p=0.348).

Conclusions:

Within this sample, participants with periodontitis had a slight but highly significant higher number of caries and DMFT score than no periodontitis participants. The association was independent from the effect of confounders only for DT. The co-occurrence of these two diseases should be taken into account.