

TO STUDY THE FACTORS THAT CAUSE PERIODONTITIS

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**Abstract:** This review presents a selected overview of the literature concerning risk factors for periodontitis. That in some individuals gingivitis develops into periodontitis is still a matter of extensive research. Cross-sectional studies of clinical and microbiological factors can be meaningful. Longitudinal studies of the natural history allow analysis of potential factors and conditions that may have an impact on the disease process. At present, several possible risk factors for the initiation and progression of periodontitis have been identified: age, gender, plaque, calculus, existing attachment loss. A consistent finding appears to be genetic predisposition for the development of the disease. In terms of microbiology, several micro-organisms have been identified. The results of the Java Project on natural development of Periodontal Disease clearly pinpoint *Actinobacillus actinimycetemcomitans* as being associated with the onset of disease. The presence of subgingival calculus was found to be associated with onset and dental plaque with progression of disease. Consistent with literature males are more susceptible to disease.

**Key words:** epidemiology; periodontal pathogens; periodontitis; gingivitis; risk factors; microbiological factors:

A major objective of dental care is extending the life span of the dentition either by prevention or by treatment of dental diseases. The mean number of teeth present per person is, therefore, an important parameter in the assessment of the longevity of the dentition . It has been well accepted that the number of teeth decreases with age and that caries and periodontal disease are the main causes of tooth loss. The relative impact of these two disease entities may vary in different population groups and geographic areas . Epidemiological surveys conducted throughout the world point to the almost universal distribution of caries and periodontal diseases (3). Most studies have found that periodontitis affects a significant number of individuals before the age of 20 years and affects the majority of the adult population after the age of 35–40 years. Studies report that the prevalence and average severity of periodontitis, increased with age for groups of individuals until virtually all middle-aged people had the disease [for review see Refs ]. Data from the studies by Brekhus and Allen led many to suppose that the greatest single reason for tooth loss after the age of 40 years was periodontal disease. Later, this was confirmed in a survey in Winnipeg, MB, by Trott and Cross . However,

their results also showed that the percentage of teeth lost because of periodontitis was higher than the percentage of patients who lost teeth because of periodontitis. In other words, with regard to periodontitis, relatively many teeth were lost in relatively few patients. While a large proportion of the population is susceptible to periodontitis, it appears that there is a small segment of the population that is susceptible to severe forms of periodontitis. This observation leads to the proposal that there are susceptibility or risk factors that modulate susceptibility to destructive periodontitis. The susceptibility of individuals appears to vary greatly depending upon which risk factors are operative .

A risk factor for periodontal disease is an environmental, behavioural, or biological factor confirmed by temporal sequence, usually longitudinal studies. If present, it directly increases the probability of a disease occurring. If absent, it reduces this probability. Risk factors are part of the causal chain, or expose the host to the causal chain. Once disease occurs, removal of a risk factor may not result in a cure . Some risk factors are modifiable, while others cannot (easily) be modified. Factors that cannot be modified are often called ‘determinants’ or background factors. The term risk indicator is used to describe plausible correlates of disease identified in cross-sectional studies or case– control studies, while risk factors are best applied to those correlates confirmed in longitudinal studies. Risk indicators are not always confirmed as risk factors in longitudinal studies . The term risk marker is used more in the predictive sense and usually refers to a risk factor. It is associated with an increased probability of disease in the future. Our knowledge on the aetiology of periodontal diseases and the recognition of the potential importance of susceptibility factors as they affect initiation and progression of periodontitis has changed. This has led to intense study of specific risk factors for destructive periodontal disease.

As is apparent from all these studies, variables that have been suggested as possible risk factors for periodontal disease are not unanimously found to be so. The complex, multifaceted structure of these variables and their confounding influence on the multifactorial disease process of periodontitis may be the reason for the difficulty to assess the quality and quantity of the effects of these factors. A problem of performing studies in Western populations is that there is always some form of treatment effect involved. Ethical considerations do not allow for abstention of therapeutic measures in such a population. The effect of treatment influences the results of these studies to an extent that cannot be controlled for.

This review presents a selected overview the literature concerning risk factors for periodontitis. A consistent finding appears to be genetic predisposition for the development of the disease. In terms of microbiology, several micro-organisms have been identified. The results of the Java Project on natural development of Periodontal Disease clearly pinpoint *A. actinomycetemcomitans* as being associated with the onset

of disease. As a local factor the presence of subgingival calculus was found to be associated with the onset and dental plaque with the progression of disease. Consistent with the existing literature, males are more susceptible to disease. In practice, this implicates the need for thorough screening. The presence of pockets 5 mm appear to be a useful tool, as it was found to be a prognostic factor for disease progression.

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