

What You Should Know About Gum Disease in Women

Maybe you've noticed that your gums bleed sometimes when you brush your teeth, but it's not especially painful. Or you may have excellent teeth, but since you became pregnant, your gums have turned an angry, swollen red and bleed at the slightest touch. Or you may have finally decided to see a dentist after many years of avoidance, only to be overwhelmed by talk of "pockets," massive infection, disintegrating bone, and major surgery. In any case, you have gum disease, a problem you share with many women.

What is gum disease?

Gum (*periodontal*) disease is a bacterial infection of the gums and bone that support the teeth. It begins when the build-up of bacteria in *plaque*, a sticky, colorless film that forms on the teeth, causes the gums to become inflamed. The gums form a "ditch" or *sulcus* that surrounds the tooth like a cuff; in healthy gums, this sulcus is 1 to 3 millimeters deep. As bacteria from plaque accumulate along the gum line, the gum starts to detach from the tooth, and the sulcus becomes a *pocket* of bacteria that is deeper than 3 millimeters. Common types of periodontal disease include:

Gingivitis.—This mildest form of periodontal disease, in which the gums become red and swollen, and bleed easily.

Chronic Periodontitis.—This is the result of untreated gingivitis, in which the inflammation spreads to cause gradual loss of tooth attachments and bone,

pocket formation, and receding gums.

Aggressive Periodontitis.—Rapid attachment loss and bone destruction, usually seen before age 30, and often in individuals who inherit susceptibility.

Periodontitis With Systemic Disease.—Beginning at a young age, this occurs in association with systemic diseases such as diabetes.

Necrotizing Periodontitis.—An infection causing the death of the gum tissues, ligaments, and bone, often due to human immunodeficiency virus (HIV) and other immunity disorders.

What causes gum disease?

All periodontal disease is caused by the formation of bacterial plaque on the teeth. Contributing *risk factors* can include:

Smoking.—Significantly increases the risk of periodontal disease.

Genetics.—A familial tendency affecting up to 30% of Americans, who may be six times more likely to develop periodontitis.

Hormonal Influences.—Due to fluctuations in the female hormones estrogen and progesterone during puberty, menstruation, pregnancy, and menopause that make your gums more sensitive and more susceptible to disease.

Stress.—Impairs your ability to fight off infection, including periodontitis.

Medications.—Can increase susceptibility to gum disease, especially oral contraceptives (OCs) and drugs for depression, high blood pressure, and heart conditions.

Clenching/Grinding Your Teeth.—Can put stress on the teeth's supporting tissues, irritating the gums.

Poor Nutrition.—Can weaken your immune system, reducing your ability to fight off infections such as periodontitis.

Autoimmune Diseases.—Interfere with your immune system and resistance to infection, and include rheumatoid arthritis, multiple sclerosis, some thyroid diseases, lupus, diabetes, and HIV.

Infection Transmission.—Involves close contact with someone who has periodontitis, especially your spouse or partner.

What are the symptoms of gum disease?

Healthy gums are coral pink in color, have a "pebble" grain (*stippling*), and form sharp points between the teeth. Diseased gums are reddened, swollen, shiny, and less tapered between the teeth. Symptoms of periodontitis also include:

- Bleeding gums
- Red, swollen, or tender gums
- Gums pulling back (*receding*) from the teeth
- Chronic bad breath
- Pus around the teeth and gums
- Loose teeth
- Progressive widening of the spaces between the teeth
- A change in the way your teeth fit together ("bite")
- A change in the way your dentures fit.

This Patient Handout was prepared by Patricia L. Van Horn using materials from the American Academy of Periodontology (<http://www.perio.org/consumer/index.html>), Floss.com (<http://www.floss.com/default.htm>), and the Gum Disease-Premature Birth Project (<http://www.periobirth.com/>).

Are women more vulnerable to gum disease?

Women and men are both susceptible to gum disease according to the risk factors mentioned previously. Although women tend to practice better oral hygiene than men, fluctuations in estrogen and progesterone increase their risk of periodontal disease at certain times, and can wipe out the advantage of good oral care. At least 23% of women aged 30 to 54 years have periodontitis with active destruction of the supporting tissues, and 44% of women who still have their teeth after age 55 also have gum disease.

Puberty.—Higher levels of progesterone and estrogen increase the blood flow to the gums, heightening their sensitivity and reaction to irritants such as food particles and plaque. These problems usually decrease by the later teen years.

Menstruation.—In *menstruation gingivitis*, the gums bleed, swell, and become bright red several days before your period, and sores may develop inside the cheek. These symptoms disappear when your period starts.

Birth Control Pills.—Oral contraceptives (OCs) cause your body to mimic pregnancy, and the rise in hormone levels can make the gums swollen and sensitive. However, some of the antibiotics used to treat periodontitis can lessen the effectiveness of OCs, so you should discuss any choice of medication with your OB/GYN.

Pregnancy.—The hormonal changes of pregnancy make women much more susceptible to gum disease; many women experience *pregnancy gingivitis* beginning in the second or third month and becoming more severe through the eighth month. Symptoms include swelling, bleeding, redness, and tenderness. A strong reaction to an irritant can lead to the formation of a large lump, or *pregnancy tumor*, in the gums. These “tumors” are *not* cancerous or painful, but may require surgical

removal. In most cases, these gum problems improve after delivery.

A more serious aspect of gum disease during pregnancy is an increased risk of preterm birth and underweight babies, who can have major medical problems. Women with periodontitis may be up to seven times more likely to deliver prematurely, and the greater the area of infection in the mother’s mouth, the greater the likelihood of preterm birth. This may occur because infections cause the body to produce prostaglandins, which also give the signal to begin labor. If you’re planning to become pregnant, you should undergo a full periodontal exam; if you’re pregnant and have periodontitis, it should be treated during the second trimester.

Menopause.—Postmenopausal women may experience changes such as dry mouth and pain and burning of the gums that peak in the morning and evening, disturbing sleep. Gums may look dry or shiny, bleed easily, and be either abnormally pale or deep red.

Bone and tooth loss often go hand-in-hand with postmenopausal periodontitis and osteoporosis. In fact, if you have osteoporosis, your risk of gum disease (the major cause of tooth loss in women after age 35) rises by 86%. The presence of periodontitis after menopause likewise suggests an increased risk of osteoporosis and the need for bone density testing.

How can gum disease be treated?

Treatment may be nonsurgical (mechanical) or surgical, and is often accompanied by an antibiotic. Options include:

Root Planing.—The diseased tooth root is scraped until it is clean and bacteria-free.

Gum Surgery.—Procedures eliminate pockets that cannot be removed with root planing.

Pocket Depth Reduction.—The gum tissue is folded back and the bacteria removed, and the gums are then secured back into place.

Regenerative Procedures.—The gum tissue is folded back and the bacteria removed, and membranes (filters), bone grafts, or tissue-stimulating proteins are applied to encourage natural regeneration of the bone and gum tissue.

Soft-Tissue Grafts.—Grafts from your palate or other oral surfaces can fill defects left by receding gums, preventing additional recession and bone loss.

Is there anything I can do to prevent gum disease?

Periodontitis is a “silent” disease, and you may not realize that you have it until it’s far advanced. However, you can take steps at each stage of your life to protect your oral health. This includes home care of the teeth, gums, and mouth with daily brushing and flossing, as well as sound nutrition.

Research has shown that postmenopausal estrogen replacement therapy (ERT) or estrogen/progestin hormone replacement therapy (HRT) can reduce the risk of tooth loss in women by about 25%. You may be reluctant to consider ERT or HRT because of the recent publicity regarding a potential link with breast cancer, but you should be aware that this link is only associated with certain hormone preparations. Many alternative formulations are available, and you should ask your doctor about safe options that are suited to your individual needs. In addition, be sure to inform your dentist about your medications and any changes in your health.

Resources

For more information, call the American Academy of Periodontology (AAP) at 800-FLOSS-EM (800-356-7736), or visit the AAP website at <http://www.perio.org>.