

SCIENTIFIC AMERICAN: Most of the buzz about the oral-systemic link has been among researchers. What should consumers or patients know about this topic at this stage?

JEFFCOAT: The consumer needs to know three things: First, oral disease is a disease like any other—and in and of itself is deserving of treatment. Number two, everything in the body is connected. Having a chronic infection is a serious problem that you should not ignore. It can indeed make you systemically sick. Three, patients should not think that treating periodontal disease will guarantee them lifetime health, but it is one step they can take to be healthier overall.

Consumers have to understand that all the data is not yet in. We cannot definitively say if



BUZZ TALK with MARJORIE K. JEFFCOAT

**THE DEAN OF THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE
—A PIONEERING DENTAL RESEARCHER HERSELF—ADDRESSES THE FACTS AND
FICTIONS ABOUT ORAL HEALTH'S RELATIONSHIP TO THE REST OF THE BODY**

treatment will affect one's susceptibility to other diseases—heart disease, stroke, diabetes, etc. We do know that it is one risk factor for preterm birth. But people act on these correlations because they want to feel they have control of their health. Professionals do, too. They want to provide every possible treatment avenue for the patient.

As a prominent researcher you must have a lot of people asking you about this topic? All the time. I don't know how many phone calls I took today—from patients, from doctors, from drug companies, from the media. They want to know the real scoop: what we really know at this time.

Has this issue spawned more collaboration between the fields of dentistry and medicine? Yes. And I have found that collaboration between the two fields comes quite easily. It is very important that both disciplines take ownership of these issues so that patients can get

the best information possible. We're already starting to see changes in reimbursement for some of these things. Insurance companies are taking notice. Cigna and others now cover periodontal treatment during pregnancy. It's a business decision; they feel it will help save money in the long run.

Do you hear a lot of misinformation? I do. Some people want information because they've heard a little bit about this topic—and some will believe anything they read on the Internet. Some media outlets do not provide the whole story or all of its complexities.

How is this topic—the mouth's relationship to the rest of the body—affecting dental education? I think more [dental] schools are integrating total health into their curriculum. Dental education can be a controversial topic, and I think some schools will probably not adopt this whole-body approach for some time. But I do feel that

eventually all curriculums will address this issue is some way or another.

So the patients, in your opinion, that would benefit most from this data would be expectant mothers? Right now, yes—pregnant women and diabetics. Although we have smaller studies on diabetics than we do on expectant mothers, we do know that any untreated infection in a diabetic can affect glucose control. So treating oral infection and oral inflammation is a reasonable thing to do until all the studies have finished.

What about the elderly and some of the data linking oral disease with respiratory problems in patients who are in intensive care units or hospitals? Getting care to these populations is still the biggest challenge. Often in a nursing home there are extra costs for dental care. Family members who monitor their elders' care should be made aware of the importance of good oral care. For many, it will help to reduce the risk of getting pneumonia.

Are consumers becoming more skeptical of health messages they see or read about in the media? We have two highly distinct populations: the "worried well"—those who are always looking for ways to improve their health, and those who are skeptical of everything they see or read—this population is very hard to deal with in terms of getting messages across. ●