









Medically Necessary Dental Care






Dental cavities and periodontal diseases are bacterial infections. Progressive local and systemic spread of those infections can compromise the medical management of many other diseases.

The following medical organizations have shared their professional perspectives about the importance and relevance of oral / dental health to the management / treatment of diseases within their respective disciplines.

In addition to a general statement, several organizations clarified specific diseases / conditions / procedures for which resolution of oral / dental infections are necessary and adjunctive to medical therapies. Those without an asterisk have a significant risk of compromised medical outcomes from unresolved dental infections. Therefore, it is advised that all such patients have a dental evaluation and needed treatment. A similar medical need for dental evaluation and therapies selectively exists for those listed with an asterisk (*) if the patient is or will be immunosuppressed, is in a state of chronic inflammation, has or will have implanted medical / prosthetic devices.

Organization	Description	Disease/Condition/Procedure
 <p>American Academy of Neurology</p>	<p>Given the broad array of neurological diseases that are affected by poor dentition, as well as the many neurological conditions that require immunosuppressive therapy, access to good dental care is essential to our patients. In a stroke-related example, poor dental hygiene increases likelihood of bacterial endocarditis and worsens stroke outcomes in all subtypes due to an increased inflammatory burden. In other examples, patients taking therapies which suppress the immune system (such as those with multiple sclerosis taking disease-modifying therapeutic drugs) are highly susceptible to very serious infections which can result simply from poor dentition. Furthermore, access to dental care is often hampered by physical impairments related to neurologic disease. Patients with neurologic disorders do not need another barrier to their ability to receive dental care.</p>	<p>ALS Cancer, primary or metastatic Endocarditis Cerebrovascular Disease* Fibromyalgia* Multiple Sclerosis* Neurofibromatosis* Parkinson's Disease* Peripheral Neuropathy* Seizure Disorder* TIA*</p>
 <p>American College of Cardiology</p>	<p>The data linking dental infections to increased risk of cardiovascular disease is clear. Severe dental infections can compromise cardiac conditions.</p>	<p>Cardiomyopathy Complex Congenital Heart Disease Congestive Heart Failure Endocarditis (history or at risk of) Valvular Heart Disease Heart valve prosthesis (pre as well as post insertion) Transplant candidate or recipient Cardiac Arrhythmias if ICD, pacemaker, or CRT required* Coronary Artery Disease (preoperatively when considered for advance support or prosthetic device)* Hypertension*</p>
 <p>American College of Emergency Physicians</p>	<p>There are over 151 million visits to our nation's emergency departments annually. Of those patients that present with non-traumatic dental emergencies, 96% of those visits are a result of caries (decay) and abscesses. May of those patients come to the emergency department because they cannot afford dental care through a primary dentist or do not have access to a dental care provider.</p>	<p>History of recurrent aspiration from dementia, altered mental status, developmental delay, closed head injury Endocarditis (history or at risk of) Valvular Heart Disease Chronic pharmacologically induced immunosuppression (steroids, chemo, antiviral)* Ludwigs (history of) Cancer Diabetes Mellitus Immunosuppressed patients</p>

<p>American College of Gastroenterology</p> 	<p>Urgent dental care is sometimes necessary before patients can undergo treatment for various gastrointestinal diseases, including inflammatory bowel diseases (IBD) and Hepatitis C virus (HCV). It is important for patients with these chronic diseases to receive dental care and avoid any delay in treatment.</p>	<p>Liver transplant (candidate or recipient) AIDS* Cirrhosis* Crohn's Disease* Hepatitis* Inflammatory Bowel Disease* Ulcerative Colitis*</p>
<p>American College of Physicians</p> 	<p>Dental problems, particularly dental infections, pose a major problem for patients with cardiac valvular disease, patients who are immunosuppressed by virtue of underlying disease or immunosuppressive medications, patients with various types of prostheses, and patients who are at risk of aspiration. The implications of dental disease in such patients extend well beyond their oral disease, with potentially life-threatening complications if the dental problems are not treated.</p>	
<p>American College of Rheumatology</p> 	<p>Many of our patients take medications that suppress their immune systems to control their rheumatologic disease. The combination of the secondary health issues along with potential side effects from the medication increase the likelihood of dental problems. It is vital for patients to receive appropriate dental evaluation and prompt treatment so they can continue their immune suppressant medications.</p>	<p>Lupus Rheumatoid Arthritis Sjogren's Syndrome Vasculitis</p>
<p>American Association of Clinical Endocrinologists</p> 	<p>... the connection between uncontrolled diabetes and serious periodontal disease has been well documented. Further, untreated periodontal disease makes it more difficult to control diabetes, leading to the dreaded diabetic microvascular and macrovascular complications. Chronic periodontitis has been associated with increased incidence of cardiovascular events, the leading cause of morbidity and mortality in the United States. ...our members also appreciate the value of specialized approach to those patients with generalized osteoporosis.</p>	<p>Diabetes Mellitus Addison's Disease* Cushing's Syndrome* Osteoporosis*</p>
<p>American Association of Hip and Knee Surgeons</p> 	<p>Any patient undergoing an arthroplasty of the hip and knee is at risk for infection. These risks are significantly increased in patients with dental disease or poor oral hygiene. Best practices for our surgeons include a dental evaluation in patients at risk prior to arthroplasty. This is particularly important for the poor and disenfranchised. A dental infection is also disastrous in the post-operative patients; prompt, appropriate evaluation of oral infection is critical in patients after surgery.</p>	<p>Arthroplasty (pre and post surgery) Fractures / Dislocations Rheumatoid Arthritis Arthrodesis* Bone cancers (primary or metastatic)* Orthopedic Hardware (status post)* Osteomyelitis*</p>
<p>American Diabetes Association</p> 	<p>People with diabetes are more likely to have periodontal disease and its complications. Additionally, untreated periodontal disease makes it more difficult to control blood glucose and is associated with increased risk of diabetes complications, including kidney failure and cardiovascular disease. People with diabetes are more likely to need medical procedures such as cardiac surgery or kidney transplantation. These needed procedures may have to be delayed due dental problems.</p>	
<p>American Nurses Association</p> 	<p>Dental disease can quickly develop life-threatening complications if the dental problems are not treated.</p>	

<p>American Psychiatric Association</p> 	<p>Dental care needs among individuals with severe and persistent mental illness are significant. Many of these patients have neglected their dental health for extended periods of time. In addition, many are treated long term with psychotropic medications that may reduce resistance to infection. Without appropriate dental care, these individuals are at increased risk for septicemias, endocarditis and other potentially threatening conditions. Further, untreated dental problems may add to psychiatric disability by resulting in chronic gingivitis, tooth loss, persistent halitosis, and other socially damaging and disqualifying clinical features that further contribute to symptoms such as depression and anxiety. Despite clear medical need, patients with severe and persistent mental illness often lack financial access to dental care.</p>	
<p>American Society of Clinical Oncology</p> 	<p>Untreated dental disease in patients about to undergo chemotherapy regimens that carry the risk of hematologic toxicity, especially leucopenia, may be a cause of fatal sepsis. Bisphosphonates are commonly used in the setting of metastatic lung, breast, prostate and colon cancers and their use is standard care for those with multiple myeloma. Patients with hypercalcemia of malignancy also may receive bisphosphonates. Osteonecrosis of the jaw is a known possible complication of bisphosphonate therapy in patients with cancer. Expert consensus panels have recommended dental assessment prior to the use of intravenous bisphosphonates. Oral complications are universal in patients receiving radiotherapy to the head and neck. In addition to the specific circumstances outlined above, patients with cancer often are unable to maintain adequate nutritional intake. This is due to many factors, and can be disease or treatment related. Careful dental care can be an important component in avoidance of nutritional compromise.</p>	<p>Patients requiring bisphosphonate therapy Cancers requiring cytotoxic chemotherapies Radiation for head and neck cancers Stem Cell Transplantation Biological Therapies* Hormone Therapy*</p>
<p>American Society of Transplant Surgeons Society for Transplant Social Workers</p> 	<p>...a lot of patients have dental problems that must be addressed before they can be transplanted. Untreated dental problems can become deadly once a patient is immunosuppressed, so good dental care is a critical part of preparation for transplant.</p>	
<p>American Thoracic Society</p> 	<p>Dental and respiratory health are interrelated. Bacterial biofilms between teeth harbor pathogens that, when aspirated, can increase susceptibility or complicate the management of pulmonary diseases such as pneumonia, bronchitis, and chronic obstructive pulmonary disease (COPD). The risk is greater in immune-compromised individuals.</p>	<p>Asthma Chronic Bronchitis Cystic Fibrosis COPD Interstitial Lung Disease Obstructive Sleep Apnea Pleurisy Recurrent Aspiration Pneumonia Sarcoidosis Transplant candidate or recipient</p>
<p>Association of Oncology Social Work</p> 	<p>For immune compromised cancer patients, the concomitant risks associated with untreated dental conditions can include life threatening septicemia along with the potential for other very costly medical conditions. Dental treatment must precede many life-saving chemotherapeutic cancer interventions.</p>	

