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ARE YOU A CHEERLEADER OR A COACH?

AFTER MENOPAUSE
RETHINK PERIO AS WOMEN AGE

7 STEPS: BALANCE YOUR LIFE

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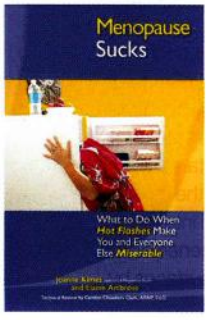
PERIO AND THE POST-MENOPAUSAL PATIENT

As women age, are you ready to respond?

by Eduardo R. Lorenzana, DDS, MS



Menopause brings about a whirlwind of emotional and physical transformations. *Menopause Sucks*, by Joanne Kimes, gives you all the info—and belly laughs—you need to cool down during this hot change of life. Visit **amazon.com**.

It is considered common knowledge amongst our female patient population that the onset of menopause is marked by deficiencies in estrogen levels, followed by a subsequent loss of bone mineral density.[1-4] While this knowledge leads many of our patients to seek help with the management of estrogen deficiency, osteopenia/osteoporosis and other associated complications, most of our patients are not aware that the onset of menopause also can mark the onset of certain potentially debilitating conditions in the oral cavity. Oftentimes it is at the routine prophylaxis or periodontal maintenance appointment that the first signs and symptoms are discovered and where early identification and intervention can preserve the quality of life for our patients.

Much of the research into the effects of menopause on the periodontium have revolved around tooth loss secondary to estrogen deficiency/osteopenia/osteoporosis.[5-9] Estrogen deficiency has been associated with accelerated tooth loss in postmenopausal women, and has been explained mostly by an increased severity of periodontal disease[5,6] and decreased bone density due to estrogen deficiency.[7,8] In a recent long-term study of the periodontal status of postmenopausal women followed over 10-13 years, researchers found that for every millimeter of bone loss and attachment loss at baseline there resulted a 2.5- to 3-fold increase in risk for subsequent tooth loss.[9] Finally, estrogen deficiency also has been found to negatively impact dental implant survival rates, with the underlying mechanism being a decrease in trabecular bone density and bone to implant contact.[10-12]

ESTROGEN DEFICIENCY AND HRT

If estrogen deficiency is indeed a risk indicator or risk factor for periodontitis and subsequent tooth loss,[13] then perhaps hormone replacement therapy (HRT) can have a protective or corrective effect on loss of attachment and tooth loss. Several recent studies have focused on that question, many with positive results. Reinhardt and coworkers found that estrogen supplementation was associated with reduced gingival inflammation and a reduced frequency of clinical attachment loss in osteopenic/osteoporotic women in early menopause.[14] A much more recent study found the prevalence of periodontitis was higher in postmenopausal women not taking HRT (HRT-) vs. premenopausal women. In addition, postmenopausal women who were on HRT (HRT+) had no statistical differences in the prevalence of periodontitis to premenopausal women.[15]

Still other investigators have found HRT acts as a protective factor in dental pain and improves tooth mobility and depth of the probing of periodontal pockets.[16] It is important to note, however, that no HRT regimen should be initiated without the cooperation

fact

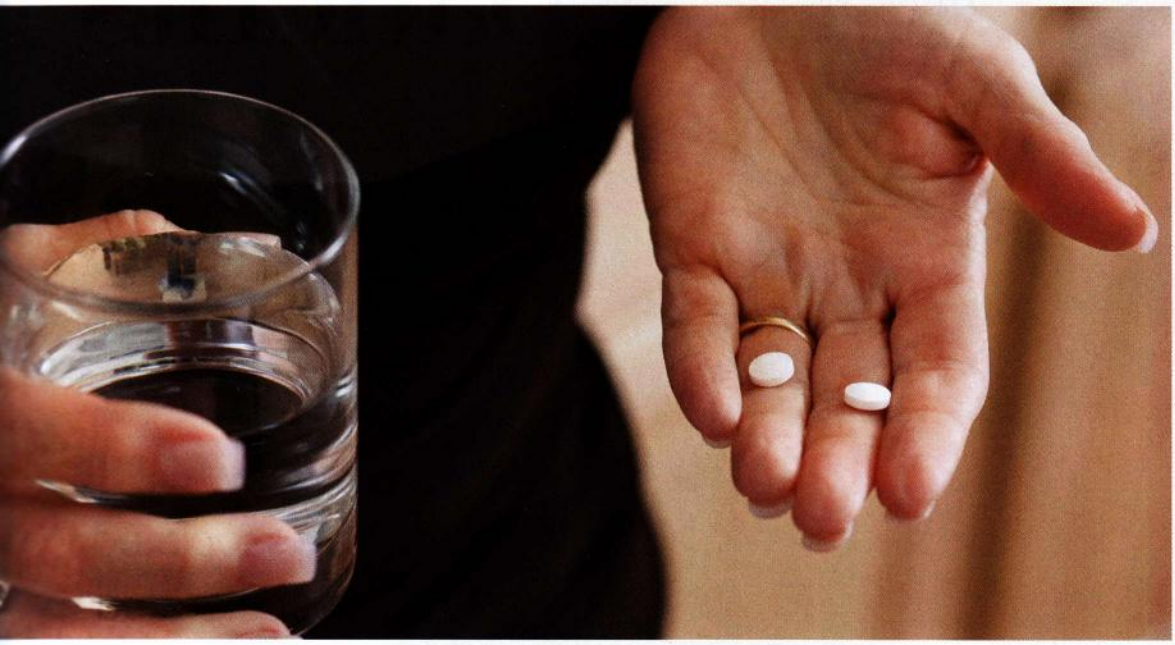
Hot flashes, a common side effect of menopause, can last anywhere from 30 seconds to 5 minutes.

Source: WebMD

patients

> "Estrogen deficiency has been associated with accelerated tooth loss in postmenopausal women..."
>
> — EDUARDO R. LORENZANA, DDS, MS

PHOTO: PURESTOCK/GETTY IMAGES



Pros and cons of HRT

Pros:

- Prevents bone loss that can lead to osteoporosis
- Relieves symptoms of menopause
- Lowers risk of colon cancer
- Lowers risk of macular degeneration, vision loss that occurs when the macula, the part of the retina at the back of the eye that provides sharp, central vision, deteriorates with age

Cons:

While HRT may help many women get through menopause, the treatment is not risk free. Known health risks include:

- An increased risk of endometrial cancer (if a woman still has her uterus and is not taking progesterone along with estrogen)
- Increased risk of blood clots
- Increased risk of stroke
- Increased risk of gallbladder disease
- Increase in blood pressure in some women
- Increased risk of larger, more invasive breast cancers (combination HRT only)

The decision to use hormone therapy after menopause should be made by a woman and her healthcare provider after weighing all of the potential risks (including breast cancer, stroke and blood clots) and benefits (relief of menopause symptoms and prevention of osteoporosis). Scientists are continuing to study the effects of HRT and new findings are developing. Talk with your doctor if you have any questions or concerns.

Source: WebMD

of the patient's physician. Given recent findings of the Women's Health Initiative, where amongst the risks of prolonged HRT were significant increases in invasive breast cancer, coronary heart disease, stroke, and venous thromboembolism,[17,18] the use of HRT regimens has to be tailored on a case-by-case basis.

BEYOND TOOTH LOSS

While the overarching goal of dental and periodontal therapy is preventing tooth loss, it is by far not the only consequence following the loss of endogenous estrogen production. Many women may notice more subtle symptoms such as dry mouth and altered taste sensation, while also possibly developing more serious pain and burning sensations in the gingiva, cheeks and tongue, including desquamation and bleeding of the gingival tissues.[19,20] These symptoms, while not as dramatic as tooth loss, can have significant detrimental effects on a patient's quality of life.

Burning mouth syndrome (BMS) for one, is rarely seen in women younger than 30. The usual demographic time of onset is between 3-12 years after menopause.[21] BMS patients frequently have depression, anxiety, sometimes diabetes, and even nutritional/mineral deficiencies, but overall, it is difficult to explain the pathogenesis of BMS even in light of these associated diseases. Treatment is still often palliative in nature, but therapies today tend toward suppressing neuropathic transduction, including the use of anti-anxiety and antidepressant medications.[21-23]

Desquamative gingivitis is another clinical finding characterized by epithelial desquamation, erythema, ulceration and/or the presence of vesiculobullous lesions of gingival and other oral mucosa. Several conditions can result in desquamation, including lichen planus, cictricial pemphigoid, and pemphigus vulgaris.[24,25] Another interesting finding is that these conditions are most commonly found in postmenopausal female patients older than 49.[26,27] The presence of these conditions can complicate treatment, from straightforward prophylaxis to gingival grafting.[28] Successful treatment of these conditions is predicated on establishing the correct diagnosis via biopsy and immunofluoresence testing and eliminating contributing etiologic factors, such as plaque accumulation and removal of irritants.[29,30] Most treatments center around the use of topical steroids to relieve pain, control inflammation, and allow tissue repair and normal maturation.

PHOTO: COMSTOCK/GETTY IMAGES

CONCLUSION

Our female patient population faces numerous challenges during the onset of menopause and depending on the patient, postmenopause. Included among these complications are any number of oral complications, from the severe (i.e. tooth loss), to the subtle (gingival redness, inflammation, altered taste sensation). It is up to the dental professional to be wary of the signs and symptoms, to listen to patients as they detail any changes to their quality of dental function, and institute treatment regimens that allow correction and prevention of future problems. mh

SEE ONLINE VERSION FOR COMPLETE REFERENCE LISTINGS.

Eduardo R. Lorenzana, DDS, MS, is a Diplomate of the American Board of Periodontology and maintains a private practice limited to Periodontics and Dental Implants in San Antonio, Texas. Dr. Lorenzana earned his certificate in Periodontics and Masters in Oral Biology from Baylor College of Dentistry–TAMUS in Dallas, Texas. Dr. Lorenzana holds academic appointments at BCD-TAMUS as an Adjunct Assistant Professor in the Graduate Periodontics Department and at The University of Texas Health Science Center in San Antonio Dental School as a Clinical Assistant Professor in the Department of Restorative Dentistry. Dr. Lorenzana is a Fellow in the International Team for Implantology (ITI) and is President of the Texas Society of Periodontists.

Recognize burning mouth syndrome

Symptoms of burning mouth syndrome include:

* A burning sensation that may affect your tongue, lips, gums, palate, throat or whole mouth
* A tingling or numb sensation in your mouth or on the tip of your tongue
* Mouth pain that worsens as the day progresses
* A sensation of dry mouth
* Increased thirst
* Sore mouth
* Loss of taste
* Taste changes, such as a bitter or metallic taste

The pain from burning mouth syndrome typically has several different patterns. It may occur every day, with little pain when you wake but becoming worse as the day progresses. It may start as soon as you wake up and last all day. Or pain may come and go, and you may even have some entirely pain-free days.

Source: Mayo Clinic Staff