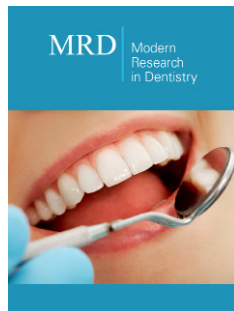


Oral Health and Respiratory Conditions

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Introduction

The correlation between oral health and respiratory conditions was highlighted during the pandemic of COVID-19. Studies published after that have reinforced the hypothesis that patients with an important oral disease (periodontitis - that affects the gums and supporting tissues of the teeth) are at risk of more serious complications when affected by COVID-19. It was observed that 3.5x more likely to be admitted to the intensive care and emergency unit (ICU); 4.5x more likely to need assisted mechanical ventilation; and 8.8x more likely to die. Patients with periodontitis also have a higher risk of developing chronic obstructive pulmonary disease. Respiratory conditions and periodontitis present common risk factors such as smoking, obesity, and diabetes [1,2].

The main mechanism of interaction between oral bacteria and respiratory infections is the aspiration of these microorganisms since teeth can be a reservoir for respiratory pathogens. Studies have also shown that enzymes associated with lung diseases destroy the protective salivary films against pathogenic bacteria and that inflammatory cytokines alter the respiratory epithelium, favoring infection by pathogens [3,4].

Prevention continues to be the best treatment for all diseases. Oral health care is part of general health care. Family doctors are suggested to refer patients with a risk of developing respiratory conditions to dental care.

References

1. Herrera D, Sanz M, Shapira L, Brotons C, Chapple I, et al. (2023) Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: Consensus report of the Joint Workshop by the European Federation of Periodontology (EFP) and the European arm of the World Organization of Family Doctors (WONCA Europe). J Clin Periodontol 50(6): 819-841.
2. Tamimi F, Altigani S, Sanz M (2022) Periodontitis and coronavirus disease 2019. Periodontol 89(1): 207-214.
3. Anand PS, Jadhav P, Kamath KP, Kumar SR, Vijayalaxmi S, et al. (2022) A case-control study on the association between periodontitis and coronavirus disease (COVID-19). J Periodontol 93(4): 584-590.
4. Marouf N, Cai W, Said KN, Daas H, Diab H, et al. (2021) Association between periodontitis and severity of COVID-19 infection: A case-control study. J Clin Periodontol 48(4): 483-491.