



Smoking & Periodontal Disease

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Introduction

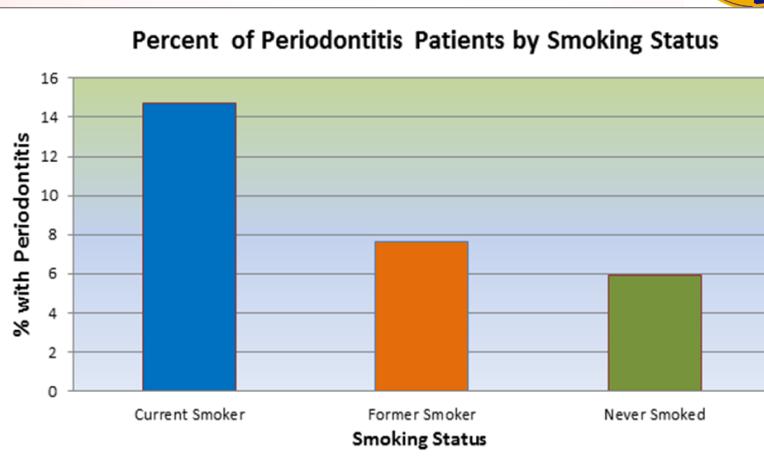
Many research projects have proven that there is a correlation between the use of tobacco and periodontal disease. It is safe to say that smoking can cause periodontal disease or worsen it in individuals with an existing case. This presentation will discuss the different types of oral tobacco usages, its effects on the oral cavity, E-cigarettes as a questionable alternative, and the role of a dental hygienist.

Types of Oral Tobacco Uses

The main smoke tobacco product is **cigarettes**. A cigarette is a combination of cured and finely cut tobacco, reconstituted tobacco and other additives. Studies have proven that smoking cigarettes causes cancers of the oral cavity, pharynx, larynx (voice box), esophagus, etc.

What Is Smokeless Tobacco?

- ❖ Smokeless tobacco / spit tobacco / chewing tobacco.
- ❖ Mainly two forms: **snuff** and **chewing tobacco**.
- ❖ **Snuff** - users "pinch" or "dip" between their lower lip and gum.
- ❖ **Chewing tobacco** - users put between their cheek and gum.
- ❖ The tobacco juice is sucked and chewed - nicotine absorbed into the bloodstream through the oral tissues.
- ❖ No need to swallow



Detrimental Effects On Oral Cavity

- ❖ Greater amount of plaque accumulation.
- ❖ Receding gums and bone loss.
- ❖ Decrease in saliva production causing dry mouth, known as xerostomia, which can increase risk of tooth decay.
- ❖ Leukoplakia, a precancerous lesion of the soft tissue in the mouth that consists of a white patch or plaque that cannot be scraped off. Most leukoplakia patches are noncancerous, but some show early signs of cancer.



Role of The Dental Hygienist

Educate patients about the effects of tobacco usage on the oral cavity and help and encourage patients in their battle against tobacco use.

Inform patients that E-cigarettes should not be considered an alternative to regular smoking because E-cigarettes also increase the risk of potential oral cancer and periodontal disease due to their higher exposure of chemical mixtures.



Conclusion

An increase in periodontal diseases can be closely linked with the use of tobacco. As dental professionals, we have a responsibility to advising patients to quit tobacco use or take an active role in nicotine replacement counseling. Close collaboration of both dentists and dental hygienists with smoking cessation programs is essential in the treatment of tobacco using patients.

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