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DEN 1217

Treatment planning Assignment

Hypertension is the term to describe high blood pressure, it is the measurement of the force exerted against the walls of your arteries as your heart pumps blood to your body. Elevated blood pressure exceeding 130 over 80 mmHg is known as hypertension. Blood pressure readings can range from Normal of a systolic mmHg less than 120 and diastolic less than 80 mmHg, Elevated 120-129 and diastolic less than 80mmHg. They also range in stages, Hypertension stage 1: 130-139mmHg or diastolic 80-89, Hypertension stage 2: 140 or higher or diastolic 90mmHg and higher and Hypertensive Crisis Higher than 180 and/or diastolic higher than 120mmHg. Hypertension increases the risk of various adverse cardiovascular events such as atherosclerosis, stroke, coronary heart disease and other serious life threats. There are many treatments to control hypertension it extends from self-care such as physical exercise, stress management, quitting smoking and a low sodium diet. There are also many medications to treat hypertension such as Thiazide diuretics these are often the first as they are medications that act on the kidneys to help the body eliminate sodium and water, reducing blood volume, Diuretic is a common drug that increase urine production to get rid of excess salts and water, Antihypertensive drug lowers blood pressure, Calcium channel blocker relaxes blood vessels, Beta blocker which slows heart rate and decreases blood pressure and ACE inhibitor relaxes blood vessels and lowers blood pressure and prevents diabetes related kidney damage.

Periodontitis is linked to an increased risk of cardiovascular diseases such as hypertension. Periodontitis and hypertension have common risk factors, smoking, stress, increased age, and socioeconomic factors. There is a correlation between high blood pressure values in individuals with missing teeth, tooth extraction and tooth loss among adult’s factors that contribute to periodontal disease. Patients having hypertension and severe periodontitis have a correlation of chronic inflammation where bacterial plaque destroys the epithelium of the periodontal pocket and breaks the barrier that isolates the tissue and circulation, allowing the entry of harmful elements in the bloodstream which leads to endothelial dysfunction that might provide a potential link between hypertension and periodontal disease. Oral infection is also another concern regarding the connection between hypertension and periodontal disease where pathogens can destruct and invade gingival tissues by proteolysis then enter the systemic circulation, periodontal microbes may directly invade the arterial wall and lead to vascular inflammation and atherosclerosis. The oral health care provider is in position to play an active role in the management of patients presenting with a history of hypertension because many antihypertensive agents interact with pharmacologic agents used in the dental practice. While there is no demonstrated direct connection between dental treatment and complications of hypertension it is important for oral health care providers to understand the potential risks and complications that may occur while these individuals are receiving treatment in the dental practice setting. Oral complications associated with taking antihypertensive medications can range from dry mouth, alterations in taste, gingival enlargement, and lichenoid reactions. Evaluation of the medications list and potential side effects may be indicated.

Hydrochlorothiazide is used to treat high blood pressure. Lowering high blood pressure helps prevent strokes, heart attacks, and kidney problem also reduces extra fluid in the body caused by conditions such as heart failure, liver disease, or kidney disease. The drug class of this medication is diuretics also known as water pills The most common brand for this medication is Microzide prescription is needed. This medication is taken by mouth as directed by the doctor, usually once daily in the morning with or without food. It is best to take this medication at least four hours before bedtime. Some side effects are Upset stomach, dizziness, headache, extreme thirst, very dry mouth, muscle cramps/weakness, confusion, decreased urination and decrease in vision. The dosages of most medications should not be altered prior to dental care. When long appointments are scheduled under large amounts of sedation are planned, it is important to hold back the morning dose of diuretic until the appointment is completed.

References:

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