

The Intersections of Oral Health and Primary Care Part II

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Disclosures

- No financial relationships with commercial entities to disclose
- This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation

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Learning Objectives

By the end of this module, the learner will be able to:

- Identify the Relationships between oral disease and comorbidity's Hepatic function, bone disorders, and diabetes
- Discuss dental recommendations for treated patients with HIV



HIV Continuum of Care





Comorbidity

co-mor-bid-i-ty

noun

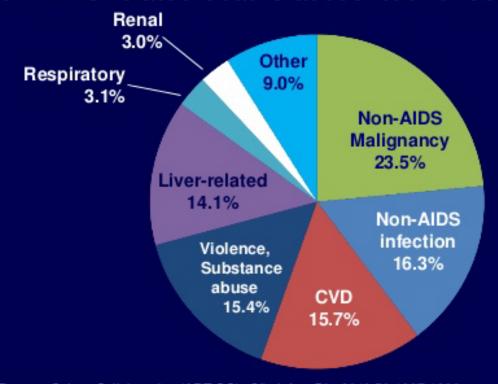
the simultaneous presence of two chronic diseases or conditions in a patient.

 Comorbidity is associated with worse health outcomes, more complex clinical management, increased health care costs.



Non-AIDS Diseases Now Account for Majority of Deaths in HIV

- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%

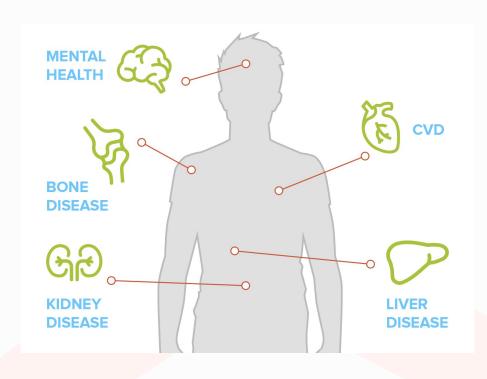


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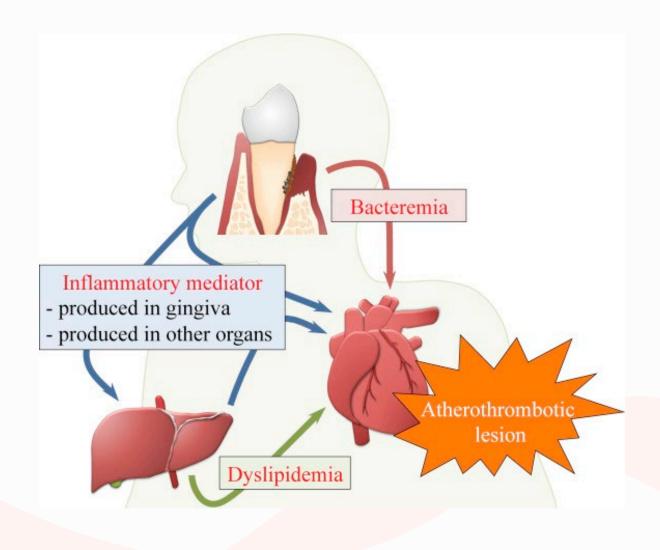


Common Comorbidities in PWH

- CardiovascularDisease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes









Relationships of Comorbidities and Oral Health (Hepatic Disease)

- Complementary evidence from an epidemiological survey and a clinical study show that non-alcoholic fatty liver disease is associated with periodontitis and that the association is stronger with significant liver fibrosis
- Periodontal disease was more frequent in patients with HCV probably due to the high prevalence of diabetes mellitus.
- Importance of Screening and management of HIV patients for Hepatitis and Liver Disease



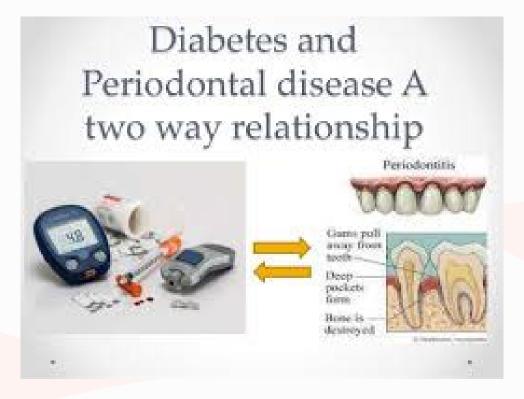
Relationships of Comorbidities and Oral Health (Bone Disorders)

- Osteoporosis effects bone density, reducing strength, which can result in fractures. Periodontitis (gum disease) is a chronic infection that affects the gums and the bones that support teeth.
- Oral symptoms of low bone density are similar to signs of gum disease. Indicators include:
- Loose teeth
- Receding gums
- III-fitting or loose dentures



Relationships of Comorbidities and Oral Health (Diabetes)

 The relationship between diabetes and periodontitis is truly bidirectional.

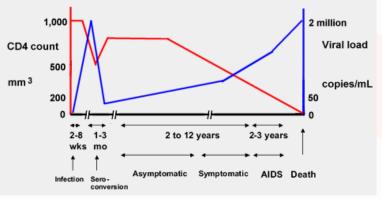




Dental Recommendations for Treating PWH

- The magnitude of the viral load is not an indicator to withhold dental treatment for the patient.
- All health professionals can play an important part in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that the CD4 and viral load determinants be done every six

months to one year.



http://i-base.info/ttfa/section-2/14-how-cd4-and-viral-load-are-related/



Antibiotic Prophylaxis

- There are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures
- Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well controlled





Oral Health Training & Resource Center



https://www.seaetc.com/oral-health-and-resources-training-center/



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AETC Program National Centers and HIV Curriculum

- National Coordinating Resource Center serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: https://aidsetc.org/
- National Clinical Consultation Center provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc/ucsf.edu
- National HIV Curriculum provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu



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