

Consequences of Periodontal Disease and Tooth Loss on the Quality of Life Associated with Oral Health

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ABOUT THE STUDY

Quality of Life (QoL) is essentially a gauge of a person's overall wellbeing, taking into account their physical, emotional, and social facets. According to the WHO's Global Oral Health Program, an individual's overall health and well-being are greatly influenced by their Oral Health-Related Quality of Life (OHRQoL). With regard to chronic disorders like periodontal diseases, the dynamics of current clinical practice are based more on patients' subjective assessments of the treatment than on more traditional procedures like clinical parameters [1,2].

Periodontal disease is a chronic bacterial infection that affects the gums and supporting structures of the teeth. If left untreated, periodontal disease can lead to tooth loss and a variety of other health problems [3].

The most typical endpoints of the disease, which is periodontitis, are bleeding gums, tooth mobility, tooth drift, and tooth loss. Periodontitis is an inflammatory condition of the tissues that support the teeth. It can negatively impact people and their quality of life by impairing their capacity to eat, communicate, socialise, and carry out many daily tasks. According to the Oral Health Impact Profile-49 (OHIP-49) and UK-Oral Health-Related Quality of Life (OHRQoL-UK) questionnaires, those with chronic periodontitis had considerably lower OHRQoL than people with normal periodontal health. According to a recent investigation on the effects of different types and degrees of periodontitis on OHRQoL, patients with aggressive periodontitis and higher levels of periodontitis severity had lower overall OHRQoL. According to a prior study, systemic problems like respiratory illnesses and cardiovascular disorders are linked to periodontal disease [4,5]. They found that periodontitis is significantly linked to the severity and duration of Juvenile Idiopathic Arthritis (JIA) while adversely affecting patients' overall OHRQoL in a recent survey of JIA patients. A number of surrogate measures, including the Gingival Index (GI), Plaque Index (PI), Probing

Depth (PD), bleeding index, Clinical Attachment Level (CAL), and radiographic evaluation of the alveolar bone, are traditionally used to evaluate all outcomes of surgical and nonsurgical periodontal therapy. Nevertheless, the patient is unable to recognise or appreciate the improvement in these clinical markers. Patients' subjective perceptions of periodontal therapy's true outcomes are correlated with traditional clinical metrics [6,7].

Here are some consequences of periodontal disease and tooth loss:

Tooth loss

Advanced periodontal disease can cause the teeth to become loose and eventually fall out. Tooth loss can make it difficult to eat and speak properly and can also affect your self-esteem and overall quality of life.

Bone loss

Periodontal disease can cause bone loss in the jaw, which can weaken the support for the remaining teeth and make them more susceptible to decay and loss [8].

Gum recession

As periodontal disease progresses, the gums can recede, exposing more of the tooth's root. This can cause sensitivity and make the tooth more vulnerable to decay and other problems.

Systemic health problems

There is growing evidence that periodontal disease is linked to other health problems, such as heart disease, diabetes, and stroke. It is thought that the bacteria that cause periodontal disease can enter the bloodstream and contribute to these systemic health issues [9].

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Received: 01-Mar-2023, Manuscript No. DCR-23-20527; **Editor assigned:** 06-Mar-2023, Pre QC No. DCR-23-20527 (PQ); **Reviewed:** 20-Mar-2023, QC No. DCR-23-20527; **Revised:** 27-Mar-2023, Manuscript No. DCR-23-20526 (R); **Published:** 04-Apr-2023, DOI: 10.35248/2161-1122.23.13.630

Citation: Watson B (2023) Consequences of Periodontal Disease and Tooth Loss on the Quality of Life Associated with Oral Health. J Dentistry. 13:630.

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Emotional impact

Losing teeth can have a significant emotional impact on a person, affecting their self-esteem, confidence, and social interactions.

Functional problems

Missing teeth can make it difficult to eat, speak, and smile, which can impact a person's overall quality of life.

Cost

Tooth loss and periodontal disease can lead to expensive dental treatments, such as dental implants, dentures, and periodontal surgery [10].

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