CHICAGO: A recent study published in the Journal of Periodontology (JOP) suggests that edentulous, or toothless, adults may be more likely to have chronic kidney disease (CKD) than dentate adults. In the study, conducted at Case Western Reserve University, USA, endentulism was found to be significantly associated with CKD, indicating that oral care may play a role in reducing the prevalence of chronic kidney disease in the US population.

One out of nine Americans suffers from CKD, and millions more are at risk, according to the US National Kidney Foundation. A debilitating disease, CKD can affect blood pressure and bone health, and can eventually lead to heart disease or kidney failure.

The study examined the kidney function and periodontal health indicators, including dentate status, of 4,053 US adults 40 years of age and older. After adjusting for recognized risk factors of CKD such as age, race/ethnicity and smoking status, the results revealed that participants who lost all their teeth were more likely to have CKD than patients who had maintained their natural dentition.

While additional research is needed to fully understand why tooth loss is associated with higher prevalence of CKD, the destructive nature of chronic inflammation may play a role. Both periodontal disease and chronic kidney disease are considered inflammatory conditions, and previous research has suggested that inflammation may be the common link between these diseases. Since untreated periodontal disease can ultimately lead to tooth loss, edentulous patients may have been exposed to chronic oral inflammation.

British patients left unprotected

Penny Palmer
DT United Kingdom

LONDON: The UK is in danger of being one of the last countries in the EU to persist with an outdated system that can mean dental patients who are harmed by a negligent dentist do not get any compensation, warns the Dental Defence Union, an organisation in the UK who assists dental professionals when their clinical performance is in question.

In the large EU member states such as France and Germany, it is already a requirement that practising dentists have professional indemnity insurance in order to protect patients where they are negligently harmed. However in the UK, while there is insurance, there is also discretionary indemnity which offers only the right for a dental professional to request assistance and have the request considered.

“In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity,” Rupert Hoppenbrouwers, head of The Dental Defence Union said. “The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.”

The European Commission is currently developing a directive to safeguard patients’ rights in cross-border healthcare, including the need for appropriate “systems of professional liability insurance or a guarantee or similar arrangement...appropriate to the nature and the extent of the risk”.

Mr Hoppenbrouwers wants to see the European directive amended to ensure that indemnity must be provided only by the state or a regulated insurer. This would make discretionary indemnity unacceptable in the EU.