

Age Threshold for the Association of Periodontitis with Ischemic Stroke

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Introduction

Periodontitis is discussed to be an independent risk factor for systemic disease such as cardio- and cerebrovascular disease, COPD, Diabetes mellitus and adverse pregnancy outcomes. However, the nature of the association remains still unclear.

Objectives

Aim of the study was to investigate the influence of the age of a study population on the association between periodontitis and ischemic stroke.

Material and Methods

Subjects and Methods

303 consecutive patients with acute ischemic stroke (T) and 300 representative population controls (C) adjusted for age, gender, ethnicity, time of examination and area of residence. Subjects were thoroughly examined - both clinically and radiographically - for the presence of periodontitis (number of teeth, caries, restorations, GI, PI, probing pocket depths, clinical attachment levels, furcation defects). All individuals were interviewed by trained interviewers using a standardized questionnaire that focused on previous diseases, vascular and periodontal risk factors, including smoking, drinking habits and nutrition, social history, previous and present medication, and a detailed assessment of dental care.

Data management and analysis

Statistical Software Package SAS
Double data entry
Data consistency check
Descriptive statistics
Multiple logistic regression analysis
All analyses were done for participants older than 60 and up to 60 years of age.

Results

There is a strong association between either attachment or bone loss and stroke up to the age of 60 years (Fig. 1 and 2). No association between either attachment or bone loss and stroke has been detected in participants older than 60 years of age (Fig. 1 and 2). The association between gingivitis and stroke was weaker in participants older than 60 but remained statistically significant (Fig. 3).

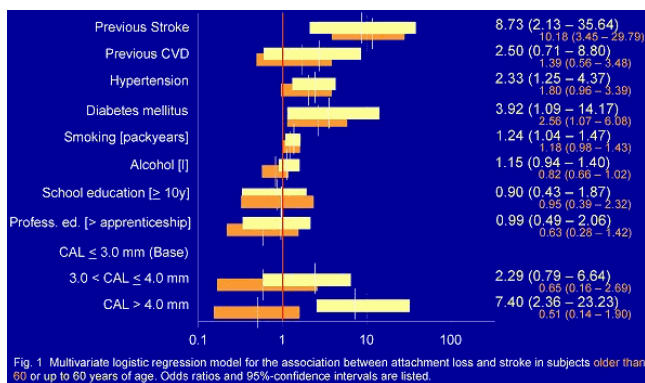


Fig. 1 Multivariate logistic regression model for the association between attachment loss and stroke in subjects older than 60 or up to 60 years of age. Odds ratios and 95%-confidence intervals are listed.

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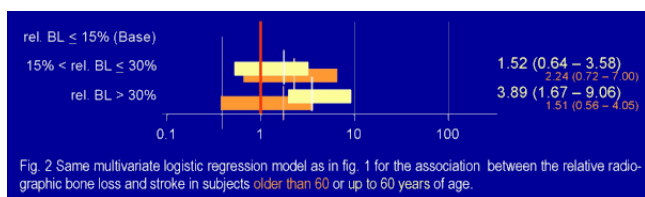


Fig. 2 Same multivariate logistic regression model as in fig. 1 for the association between the relative radio-graphic bone loss and stroke in subjects older than 60 or up to 60 years of age.

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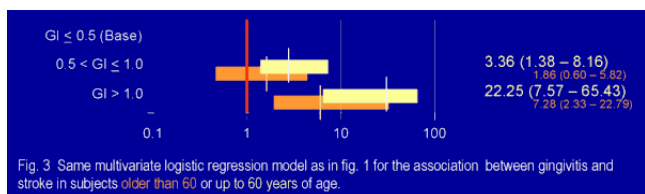


Fig. 3 Same multivariate logistic regression model as in fig. 1 for the association between gingivitis and stroke in subjects older than 60 or up to 60 years of age.

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Subjects group	n (m/f)	teeth lost	PI	GI	PPD	CAL	
all	stroke	303 (208/95)	12.9 \pm 9.5	1.68 \pm 0.60	0.97 \pm 0.35	4.04 \pm 0.96	4.72 \pm 1.41
	population	300 (213/87)	8.8 \pm 8.3	1.55 \pm 0.51	0.68 \pm 0.37	3.72 \pm 0.82	4.21 \pm 1.22
	p		< 0.001	0.003	< 0.001	0.001	< 0.001
≤ 60	stroke	144 (94/50)	9.1 \pm 8.5	1.54 \pm 0.59	0.91 \pm 0.36	4.01 \pm 0.93	4.50 \pm 1.35
	population	159 (114/45)	6.7 \pm 7.1	1.45 \pm 0.50	0.61 \pm 0.34	3.50 \pm 0.59	3.85 \pm 0.84
	p		0.008	n.s.	< 0.001	< 0.001	< 0.001
> 60	stroke	159 (114/45)	17.2 \pm 9.0	1.86 \pm 0.58	1.04 \pm 0.33	4.07 \pm 1.00	4.96 \pm 1.45
	population	141 (99/42)	11.7 \pm 9.1	1.68 \pm 0.49	0.76 \pm 0.38	3.98 \pm 0.96	4.66 \pm 1.44
	p		< 0.001	0.007	< 0.001	n.s.	n.s.

Tab. 1 Descriptive statistics (mean value \pm standard deviation).

Discussion and Conclusions

Associations between chronic periodontitis and cerebrovascular disease seem to be detectable in younger patients, only. This study was funded by the Deutsche Forschungsgemeinschaft (German Research Council, Grant # Gr1102/3-1).

Bibliography

1. Gorelick PB. Stroke prevention therapy beyond antithrombotics: Unifying mechanisms in ischemic stroke pathogenesis and implications for therapy: An invited review. *Stroke*. 2002;33:862-875.
2. Merchant A, Pitiphat W, Douglass CW, Crohin C, Joshupura K. Oral hygiene practices and periodontitis in health care professionals. *J Periodontol*. 2002;73:531-535.
3. Kinane DF. Causation and pathogenesis of periodontal disease. *Periodontology* 2000. 2001;25:8-20.
4. Noack B, Genco RJ, Trevisan M, Grossi S, Zambon JJ, De Nardin E. Periodontal infections contribute to elevated systemic c-reactive protein level. *J Periodontol*. 2001;72:1221-1227.
5. Lockhart PB. The risk for endocarditis in dental practice. *Periodontol*. 2000;23:127-135.
6. Chiu B. Multiple infections in carotid atherosclerotic plaques. *Am Heart J*. 1999;138:S534-536.
7. Syrjänen J, Peltola J, Valtonen V, Iivanainen M, Kaste M, Huttunen JK. Dental infections in association with cerebral infarction in young and middle-aged men. *J Intern Med*. 1989;225:179-184.
8. Grau AJ, Bugge F, Ziegler C, Schwarz W, Meuser J, Tasman A-J, Bühler A, Benesch C, Becher H, Hacke W. Association between acute cerebrovascula ischemia and chronic and recurrent infection. *Stroke*. 1997;28:1724-1729.
9. Howell TH, Ridker PM, Ajani UA, Hennekens CH, Christen WG. Periodontal disease and risk of subsequent cardiovascular disease in u.S. Male physicians. *J Am Coll Cardiol*. 2001;37:445-450.
10. Joshupura KJ, Hung HC, Rimm EB, Willett WC, Ascherio A. Periodontal disease, tooth loss, and incidence of ischemic stroke. *Stroke*. 2003;34:47-52.
11. Beck J, Garcia R, Heiss G, Vokonas PS, Offenbacher S. Periodontal disease and cardiovascular disease. *J Periodontol*. 1996;67:1123-1137.
12. Morrison HI, Ellison LF, Taylor GW. Periodontal disease and risk of fatal coronary heart and cerebrovascular diseases. *J Cardiovasc Risk*. 1999;6:7-11.
13. Wu T, Trevisan M, Genco RJ, Dorn JP, Falkner KL, Sempos CT. Periodontal disease and risk of cerebrovascular disease: The first national health and nutrition examination survey and its follow-up study. *Arch Intern Med*. 2000;160:2749-2755.
14. Adams HP, Bendixen BH, Kappelle LJ, Biller J, Love BB, Gordon DL, Marsh EE. Classification of subtype of acute stroke. Definitions for use in a multicenter clinical trial. *Stroke*. 1993;24:35-41.
15. Becher H, Jockel KH, Timm J, Wichmann HE, Drescher K. Smoking cessation and nonsmoking intervals: Effect of different smoking patterns on lung cancer risk. *Cancer Causes Control*. 1991;2:381-387.
16. Brandstetter BR, Korfmann A, Kroke A, Becker N, Schulze MB, Boeing H. Dietary habits in the german epic cohorts: Food group intake estimated with the food frequency questionnaire. *European investigation into cancer and nutrition. Ann Nutr Metab*. 1999;43:246-257.
17. Mendall MA, Goggin PM, Molineaux N, Levy J, Toosy T, Strachan D, Northfield TC. Childhood living conditions and helicobacter pylori seropositivity in adult life. *Lancet*. 1992;339:896-897.
18. Carranza FA. Clinical diagnosis. In: Carranza FA, ed. *Glickman's clinical periodontology*. Philadelphia: WB Saunders; 1990:476-501.
19. Löe H. The gingival index, the plaque index and the retention index systems. *J Periodontol*. 1967;38:610-616.
20. Klein H. The family and dental disease. Iv. Dental disease (dmf) experience in parents and offspring. *J Am Med Assoc*. 1946;33:735-737.
21. Hosmer DW, Lemeshow S. *Applied logistic regression*. New York: Wiley & Sons; 2000.
22. Loubakos A, Yuan YP, Jenkins AL, Travis J, Andrade-Gordon P, Santulli R, Potemba J, Pike RN. Activation of protease-activated receptors by gingipains from porphyromonas gingivalis leads to platelet aggregation: A new trait in microbial pathogenicity. *Blood*. 2001;97:3790-3797.
23. Grau AJ, Bugge F, Becher H, Zimmermann E, Spiel M, Fent T, Maiwald M, Werle E, Zorn M, Hengel H, Hacke W. Recent bacterial and viral infection is a risk factor for cerebrovascular ischemia: Clinical and biochemical studies. *Neurology*. 1998;50:196-203.

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Aim
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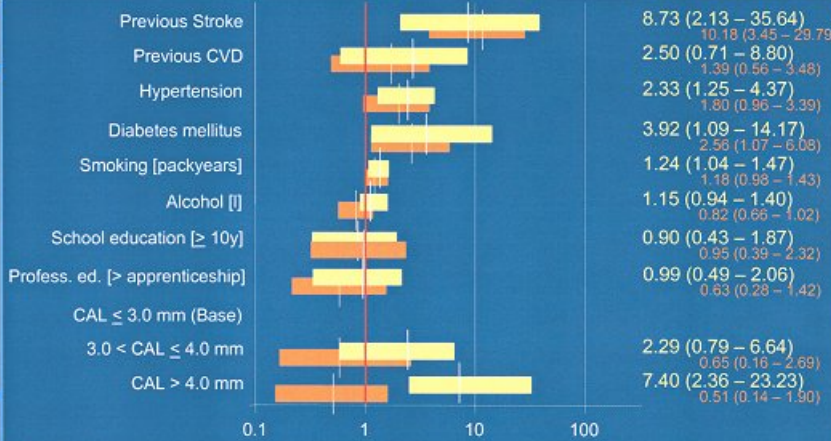


Fig. 1 Multivariate logistic regression model for the association between attachment loss and stroke in subjects older than 60 or up to 60 years of age. Odds ratios and 95%-confidence intervals are listed.



Fig. 2 Same multivariate logistic regression model as in Fig. 1 for the association between the relative radiographic bone loss and stroke in subjects older than 60 or up to 60 years of age.



Fig. 3 Same multivariate logistic regression model as in Fig. 1 for the association between gingivitis and stroke in subjects older than 60 or up to 60 years of age.

Conclusions

Associations between chronic periodontitis and cerebrovascular disease seem to be detectable in younger patients, only.
This study was funded by the Deutsche Forschungsgemeinschaft (German Research Council), Grant # Gr1102/3-1.

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