

The Dental and Inflammatory Bowel Disease CONNECTION

Dental infections and the inflammation they cause are bad enough when they just effect the teeth. But for anyone dealing with Crohn's or Ulcerative Colitis, they increase the risk of serious complications.

Cavities and gum diseases are infections caused by bacteria.

The germs can get into the blood stream and travel throughout the body. That happens more easily when our ability to fight infections is reduced by some medications used to manage Crohn's and Ulcerative Colitis, such as steroids, Imuran, Methotrexate, Remicade, Humira, and Entyvio. These drugs instruct users to "tell your doctor if you have any infections."

If you have cavities and/or gum diseases, you have infections!

Dental cavities and gum diseases need to be treated. Better yet, most **can be prevented**.

Mouth Sores

While Ulcerative Colitis affects the lower end of the digestive system, Crohn's can involve all parts of it, beginning in the mouth. Frequently, when symptoms flare up "down below," sores and inflammation will develop in the mouth.

Should that become a pattern, talk to your physician and dentist about pain-relieving gels that can be put on the ulcers. Also ask about rinses such as Peroxyl, both to relieve discomfort and to help prevent infection of the sores. That is particularly important because if the sores do become infected, and the immune system is "quieted" by drugs to control IBD symptoms, the bacteria can spread and cause more problems.

Gum Disease

Since Crohn's and Ulcerative Colitis can cause severe inflammation, the risk for inflammation of the gums and periodontal disease is greater. Making matters somewhat worse, long-term use of some IBD drugs, especially prednisone, can weaken bone. The damage caused by gum disease to the bone anchoring teeth can quickly become more severe.

Oral Hygiene Is Key To Prevention

- » **Excellent Oral Hygiene.** The bacteria that cause dental cavities and gum diseases can only do harmful damage if they stay on your teeth. Brushing and flossing remove that germ-infested film. However, it quickly begins to redevelop, so daily oral hygiene is essential.
- » **Proper Toothbrush.** Use a soft-bristle toothbrush to thoroughly clean three surfaces of each tooth (biting side, cheek side, and tongue side), and floss or a floss substitute, such as opal pix, to remove the bacteria from the two side surfaces.
- » **Toothpaste that contains fluoride helps strengthen teeth against decay.** Toothpaste that contains antibacterial agents, such as peroxide with baking soda, will help kill germs not removed by brushing and flossing.
- » **Mouth Rinse.** Ask your dentist if rinsing with a fluoride and/or antimicrobial mouth rinse would be helpful, especially if you are prone to developing ulcers in your mouth. However, you may want to avoid any rinses that contain alcohol since they may be irritating.

Old and worn-out bristles on toothbrushes are not effective in removing the bacterial film, so replace toothbrushes every few months.

YOUR FEEDBACK IS IMPORTANT

Please type in this website and take a quick 2-3 minute survey to help us improve our communications about this important topic.



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