

Socioeconomic implications in the relationship established between periodontitis and cardiovascular diseases

Implicaciones socioeconómicas en la relación establecida entre la periodontitis y las enfermedades cardiovasculares

María Sarango-Camasca

Faculty of Health Sciences, Professional School of Human Medicine, Universidad Privada San Juan Bautista, Chincha, Perú

Dear Editor:

I would like to highlight the quality of the research presented in the article titled "Periodontitis and its relationship with cardiovascular diseases: Cardiovascular health promotion in dental care" published in Revista Colombiana de Cardiología, Volume 28, Number 5. The article offers a detailed and well-founded perspective of the connection between periodontal disease and cardiovascular diseases. The exhaustive literature review and analysis of multiple studies provide a solid understanding of the underlying mechanisms and clinical implications of this relationship. This meticulous approach contributes significantly to knowledge in this field and underscores the importance of considering oral health as an integral part of cardiovascular health.

I would like to take advantage of this opportunity to express some concerns about the article mentioned, as there are certain aspects that could be covered more precisely or exhaustively.

First, the article highlights the importance of preventing and treating periodontal disease in dental practice, as an essential part of cardiovascular health promotion. It would be helpful to delve deeper into how these measures could be accessible to different socioeconomic groups. The lack of adequate access to dental care is a significant problem in many communities, which could increase inequalities in cardiovascular health.

Socioeconomic inequalities are known to affect the prevalence and severity of periodontal disease, as well as access to appropriate medical and dental care. These differences can intensify the negative effects of periodontal disease on cardiovascular health, increasing the risk of complications and contributing to a larger economic and social burden for individuals and communities. Therefore, it is crucial for public health to consider socioeconomic factors in designing prevention and treatment strategies, in order to promote health equity and reduce inequalities in access to medical and dental care.

To support this approach, Genco and Sanz's study¹ highlights that periodontitis has a significant connection to various systemic diseases, including cardiovascular diseases, and emphasizes the need to integrate oral health into public health policies to improve general health and reduce medical costs. Moreover, Holmlund et al.² showed that a poor response to periodontal treatment can predict future cardiovascular diseases, which highlights the importance of equitable care to improve health outcomes. Furthermore, Almeida et al.³ indicated that periodontal disease can affect cardiovascular diseases and highlighted the socioeconomic implications, as those with lower income have less access to preventive dental care and appropriate treatment.

Correspondence:

María Sarango-Camasca

E-mail: sarangom2120@gmail.com

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Although the common risk factors for periodontal and cardiovascular disease (like smoking and diabetes) are mentioned, it would be worthwhile exploring how these conditions can interact differently in different socioeconomic settings. For example, low-income people could face more barriers to accessing appropriate medical care to control diabetes, which could increase their susceptibility to both diseases.

Another point to consider is the need for more studies to further explore how social determinants, like educational and socioeconomic level, affect the relationship between periodontal and cardiovascular disease. Understanding these interactions could help in developing more effective and equitable interventions to comprehensively deal with both conditions.

In summary, while the article provides a solid basis for understanding the connection between periodontal and cardiovascular disease, there is an opportunity to further explore the socioeconomic implications of this relationship and how to mitigate the discrepancies in cardiovascular health.

I appreciate the opportunity to make this contribution, and I encourage the scientific community and those responsible for healthcare policy to seriously consider the importance of dealing with the socioeconomic implications of both diseases. I hope these suggestions will be helpful for future research in this field, to progress toward better prevention and treatment of these conditions and promote the overall wellbeing of our society.

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Conflicts of interest

The authors declare no conflicts of interest.

Ethical considerations

Human and animal protection. The authors declare that no experiments were conducted on humans or animals in the course of this study.

Data confidentiality. The authors declare that no patient data appear in this article. Furthermore, the authors have recognized and followed the SAGER guidelines according to the type and nature of the study.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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