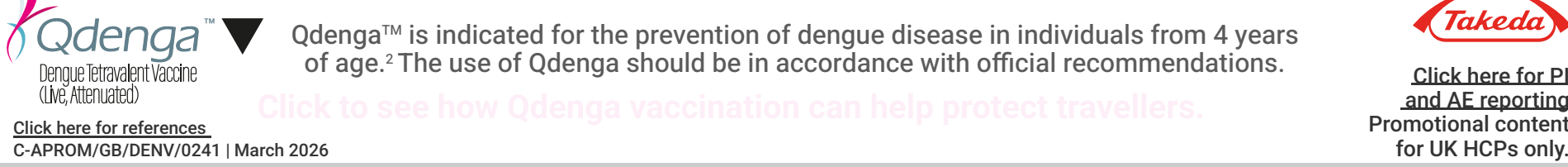


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Spotting gum disease in your pharmacy – and why it matters for heart health

By Dr Reena Wadia
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With growing evidence on the associations between gum disease and cardiovascular health, pharmacists are in a unique position to spot the warning signs. Specialist periodontist Dr Reena Wadia offers advice on what to look out for and how to start the conversation with patients.

Cardiovascular diseases remain the most common cause of death worldwide¹, and as pharmacies take on a bigger role in prevention² under the NHS 10-year plan, an opportunity is emerging for pharmacists – gum health checks.

The connection might seem strange at first, but the evidence surrounding gum and heart health is growing. Numerous studies have found an association between gum (periodontal) disease and atherosclerotic cardiovascular disease (ASCVD)³⁻⁴, meaning many of the patients coming through the doors of your pharmacy with bleeding, swollen gums may also face a higher risk of myocardial infarction (heart attacks) or ischaemic strokes⁵. Major cardiology bodies, including the American Heart Association, now recommend oral health awareness as part of overall cardiovascular risk assessment⁶.

And the scale of the opportunity is significant. Periodontal diseases are among the most prevalent chronic conditions worldwide. They exist on a spectrum, from reversible gingivitis, which affects up to 90% of the global population⁷, to periodontitis, the more severe and irreversible form. In the UK, around 45% of adults have signs of periodontal disease consistent with periodontitis⁸. Importantly, progression from gingivitis to periodontitis is not inevitable.

In my practice, I see some form of gum disease every single day. Gingivitis is often reversible with improved plaque control and risk factor management. Once it progresses to periodontitis, you can get irreversible attachment and bone loss – and people may feel completely 'fine' until the damage is already advanced.

Gum disease has also been associated with other chronic health conditions seen routinely in pharmacies, including diabetes and respiratory diseases⁹. But it's the cardiovascular association that's drawing increasing attention for prevention-focused healthcare professionals. Gum disease is a chronic inflammatory condition, and long-term inflammation is one of the pathways that contributes to artery disease – so looking after gums really is part of looking after the whole body.

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The gum-heart health link

The current scientific consensus is that periodontitis is consistently associated with ASCVD, likely through systemic inflammation, immune activation, endothelial effects and episodic bacteraemia from inflamed gums. It's important to be clear, though, that this association – a direct cause-and-effect relationship for 'hard outcomes' hasn't been definitively proven¹⁰.

Earlier research helped explore this connection. The PAVE (Periodontitis and Vascular Events) pilot study in 2007 demonstrated that periodontal treatment could be safely delivered to people with existing cardiovascular disease while allowing monitoring of systemic inflammatory markers such as hs-CRP (a C-reactive protein test)¹¹.

A more recent randomised controlled trial in the *European Heart Journal* from 2025 showed that 'intensive periodontal treatment' in people with severe gum disease led to improved endothelial function, reduced systemic inflammation and slower progression of carotid artery wall thickness, even when traditional cardiovascular risk factors such as blood pressure and cholesterol remained unchanged¹².

Catching gum disease early is therefore crucial. Gingivitis, the initial and reversible stage of periodontal disease, can usually be treated with improved oral hygiene practices and professional advice, which has been shown to significantly reduce the risk of periodontitis and its systemic consequences¹³.

Spotting gum disease

Gum disease doesn't look the same in every patient, and recognising the warning signs – and knowing which patients need closer attention – can make the difference between early intervention and advanced disease.

Pharmacists are well placed to spot gum disease red flags in day-to-day practice, including red, bleeding or swollen gums, gaps between teeth, abscesses or persistent tenderness.

As an open door for patients, community pharmacists are well placed to looking for clues.

Ketan Amin, operations director at Pillbox Chemists says, 'Bleeding gums when discussing brushing habits, frequent purchases of mouthwash for 'sore gums' or even avoiding cold water, are great ways to initiate a conversation around oral health. Recurrent mouth ulcers are another useful cue, especially if they're slow to heal or keep returning.'

The key is not to wait for patients to raise it themselves. Many people assume bleeding gums are normal, or simply don't connect their oral health to their wider wellbeing – but a brief, well-timed question from a pharmacist can be the prompt that leads to early diagnosis and treatment.

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Who needs closer attention?

Alongside older adults and patients who are immunosuppressed or having cancer therapy, hormonal changes during pregnancy and puberty can lead to more inflammation and bleeding, even when plaque levels are relatively low. People with diabetes often experience more severe disease, faster progression and harder-to-resolve infections.

Smokers present a particular challenge – they may bleed less despite significant disease, masking inflammation, so it's important to look for gum recession, calculus build-up, tooth mobility and halitosis. And it's always worth thinking about the patient as a whole, not just the gums in isolation, particularly when managing long-term cardiovascular risk.

The medications masking symptoms

This is an area where pharmacists are especially well positioned to help. Drug-induced gingival overgrowth is classically associated with phenytoin and some other anticonvulsants, as well as cyclosporine (for immunosuppression) and calcium channel blockers, particularly nifedipine, as well as amlodipine and verapamil.

Xerostomia (dry mouth) is also commonly drug-induced, with medicines such as anticholinergics, antidepressants, antihistamines, opioids and some inhalers reducing salivary flow. Reduced saliva increases plaque accumulation, carries risk and susceptibility to oral infections, and may worsen gum inflammation¹⁴.

As Mr Amin puts it, 'Your mouth can give early warning signs for more serious conditions' – and pharmacy teams, seeing patients regularly and managing their medications, are uniquely placed to act on that.

Spot gum disease fast: tips for pharmacists

Here are simple checks that can help identify patients who may benefit from being seen by a dentist.

- **Ask one routine question in higher-risk patients:** 'Do your gums ever bleed when brushing?'
- **Look for the triad:** bleeding, halitosis and gum recession (even if painless).
- **Link gum health to what matters to the patient:** 'Gum health is part of your overall health – especially if you've got diabetes, blood pressure problems or a history of heart disease.'
- **Offer a two-week self-care plan,** followed by a recommendation to see a dentist if symptoms persist:
 - brush twice daily for two minutes with fluoride toothpaste
 - clean between the teeth every day (correct interdental brush size is important)
 - consider short, targeted antiseptic support if appropriate, avoiding long-term use that may mask symptoms.
- **Escalate earlier in high-risk patients** with diabetes, pregnancy, immunosuppression or prior history of myocardial infarction or stroke.

Starting the conversation

I'd encourage using simple, non-judgemental language to normalise symptoms and keeping the focus on overall health rather than solely oral hygiene. A few phrases that work well:

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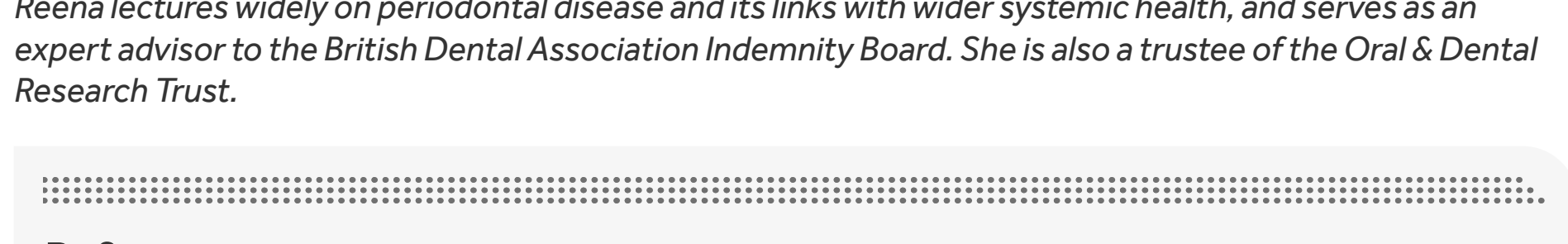
- 'Can I ask a quick gum question?' and 'Lots of people don't realise bleeding gums is usually inflammation, not just brushing too hard.'
- 'If gums bleed most times you brush, book a dental check – it's easiest to treat early.'
- And when linking to wider health, be direct but measured: 'There's good evidence gum disease is associated with heart and stroke risk – it's worth getting on top of.'

Useful resources for pharmacy teams

- **Oral Health Foundation advice for pharmacy teams** – guidance on symptoms and red flags.
- **NHS/HEE pharmacy dental factsheets** – quick-reference sheets for common oral presentations.
- **American Heart Association** – top things to know on gum disease and ASCVD.
- **European Federation of Periodontology and World Heart Foundation** – resources from its Perio & Cardio campaign.

For patients who rarely see a dentist or doctor, a well-timed question in the pharmacy could be the intervention that matters most.

Dr Reena Wadia is a specialist periodontist and founder of RW Perio, a gum health clinic on London's Harley Street. She also founded Perio School, an international education academy for dental professionals. Dr Reena lectures widely on periodontal disease and its links with wider systemic health, and serves as an expert advisor to the British Dental Association Indemnity Board. She is also a trustee of the Oral & Dental Research Trust.



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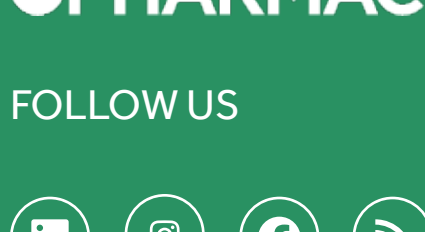
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