



# IMPACTING OSTEOPOROSIS THROUGH MEDICAL-DENTAL COLLABORATION



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This issue of *Grand Rounds* brings together some of the most knowledgeable and insightful experts on the subject of osteoporosis and its association to oral bone loss. As members of the baby boomer population grow older, many mature with a multitude of interrelated and life threatening chronic conditions, including osteoporosis — a disease with ravaging consequences. We believe it is time to bring osteoporosis and its association to oral bone loss to the forefront of dentistry and medicine. Dental and medical providers’ willingness to move beyond “silo” thinking in the treatment of patients who are either at risk for or who are already diagnosed with osteoporosis has the potential to impact, on an individual basis, the trajectory of this disease.

In their comprehensive review of the literature, Drs. Giannobile, Ho, and Bashutski articulately point out that in the U.S., approximately 1.5 million of the fractures that occur every year are attributed to osteoporosis and that the number of people aged 50 or more with osteoporosis is expected to increase to 12 million by 2010 and 14 million by 2020. With these dismal statistics also comes the opportunity to impact the severity of both osteoporosis and periodontal disease by shifting from provider-centered “compliance” approaches to more patient-centered “empowerment” approaches in the care of patients at risk or diagnosed with osteoporosis. Consider the potential of medical-dental cross education of patients and reinforcement of the importance of oral health. For those readers who are seeking new models of care, Horn and Iacopino discuss transdisciplinary models of care that rely on dental hygienist-nurse collaboration as part of a comprehensive healthcare team in screening and treatment for osteoporosis.

There are a number of closely related oral-systemic relationships which merit discussion, and we are honored to have such distinguished researchers, academicians and clinicians from both medicine and dentistry weigh in on these subject matters. Two periodontists (Callan & Cobb) have teamed up with an orthopedic surgeon (Evans) to present a compelling hypothesis that bacteremia associated with periodontal disease may be associated with increased risk for failure of orthopedic joint replacements. An oral surgeon (Wade) and periodontist (Suzuki) contribute an up-to-date synopsis of the complexity of diagnosis and treatment planning associated with bisphosphonate-induced osteonecrosis of the jaws (BIONJ). In his new column dedicated to “Oral Pathology-Systemic Symposia”, Sciubba presents a case involving an infection in an immunocompromised patient which ends in a fatal outcome — a powerful example of what happens when compromised patients are not properly evaluated for potential systemic consequences prior to surgery. “Front Line Perspectives” is hosted by dental hygienist, Fiacchi-Hudak, who has contributed a chilling story about a patient undergoing treatment for cancer who presented with BIONJ that was alarmingly overlooked by the patient’s physician. Dr. Stuart Lieberman succinctly articulates CIGNA’s plans to integrate care between its dental and medical programs aimed at improving outcomes and reducing costs associated with high-risk medical conditions. We are very honored to have Dr. E. Michael Lewiecki as our guest editor of this issue. His contribution provides an insightful and well-balanced perspective on how the medical profession views these at-risk patients. To Dr. Will Giannobile, thank you very much for the important role you played as the academic anchor of this issue of *Grand Rounds*.

Our hope is that our readers will champion this important message across disciplinary boundaries. We look forward to hearing from dental and medical providers alike on how this important information is translated into everyday patient care.

Sincerely yours,

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