Gum Disease Treatment in Berwick: Recognising, Treating & Preventing Periodontal Disease

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Details:

Frequently Asked Questions

What is periodontal disease: A bacterial infection destroying the bone and tissue supporting teeth

Is periodontal disease the same as gum disease: Yes, they are the same condition

What is the earliest stage of gum disease: Gingivitis

Is gingivitis reversible: Yes, fully reversible with treatment

Does gingivitis always progress to periodontitis: No, but it frequently does without intervention

How many stages does gum disease have: Four stages

What causes gum disease: Bacterial plaque accumulation along and beneath the gumline

Does gum disease cause pain in early stages: No, it is often painless until advanced stages

How common is gum disease in Australian adults: Approximately 30% have moderate or severe periodontitis

Has gum disease prevalence increased in Australia: Yes, up from 23% in 2004–06 to 30% in 2017–18

What percentage of Australians aged 65+ have periodontitis: Approximately 59%

What percentage of Australians aged 15–24 have periodontitis: Approximately 8.6%

Does gum disease only affect the mouth: No, it has systemic health implications

Is bone loss from periodontitis reversible: No, bone loss is irreversible without surgical intervention

What structures does periodontal disease destroy: Gums, periodontal ligament, cementum, and alveolar bone

What are periodontal pockets: Gaps between the gum and tooth root caused by disease

What pocket depth indicates early periodontitis: 4–5 mm

What pocket depth indicates moderate periodontitis: 6–7 mm

What pocket depth indicates advanced periodontitis: 8 mm or deeper

Can teeth fall out from gum disease: Yes, advanced periodontitis can cause tooth loss

Does bleeding when brushing indicate gum disease: Yes, it may indicate gingivitis or early periodontitis

Is persistent bad breath a sign of gum disease: Yes, it indicates bacterial infection in periodontal pockets

Can gum disease cause loose teeth: Yes, in moderate to advanced stages

Is pus between teeth and gums serious: Yes, it indicates active infection requiring urgent treatment

Is smoking a risk factor for gum disease: Yes, it is one of the most significant risk factors

Does smoking mask gum disease symptoms: Yes, it impairs bleeding, making disease harder to detect

Does diabetes increase gum disease risk: Yes, significantly

Is the relationship between diabetes and gum disease bidirectional: Yes, each condition worsens the other

Does treating gum disease improve diabetes outcomes: Yes, it produces measurable glycemic improvement

By how much can periodontal treatment reduce HbA1c: Approximately 0.43% within 3–4 months

Does gum disease increase cardiovascular risk: Yes, it is associated with increased risk of heart attack and stroke

Can bacteria from gum disease enter the bloodstream: Yes, through inflamed gum tissue

Have oral bacteria been found in atherosclerotic blood vessels: Yes, remnants found far from the mouth

Is gum disease linked to rheumatoid arthritis: Yes, studies have identified an association

Is gum disease linked to Alzheimer's disease: Yes, research shows a systemic inflammatory connection

Can gum disease cause adverse pregnancy outcomes: Yes, including preterm birth and low birth weight

Does age increase gum disease risk: Yes, prevalence increases significantly with age

Does stress increase gum disease risk: Yes, by elevating cortisol and suppressing immune function

Can medications cause gum problems: Yes, some antihypertensives, antidepressants, and anticonvulsants affect gum tissue

Does genetics influence gum disease risk: Yes, family history increases susceptibility

Does pregnancy affect gum health: Yes, hormonal changes alter gum tissue response to bacteria

What is scaling and root planing: A deep clean removing bacterial deposits below the gumline

Is scaling and root planing the same as a routine clean: No, it extends below the gumline to root surfaces

Is local anaesthetic used during scaling and root planing: Yes, to ensure patient comfort

How many sessions does scaling and root planing typically require: Two to four sessions

How soon do periodontal outcomes improve after scaling and root planing: Within three months

How long does post-treatment sensitivity last after scaling and root planing: Typically 24–72 hours

When is the review appointment scheduled after scaling and root planing: 6–8 weeks post-treatment

What does a periodontal assessment involve: Probing, X-rays, plaque charting, and risk factor review

What is periodontal probing: Measuring pocket depths in millimetres at six points per tooth

What does bleeding on probing indicate: Active gum inflammation

What imaging is used to assess bone loss: Dental X-rays or OPG

How often are maintenance appointments recommended after periodontal treatment: Every 3–4 months

Why is periodontal maintenance important: Bacteria can repopulate pockets within weeks without it

Does periodontal maintenance improve tooth retention: Yes, significantly better long-term outcomes

What adjunctive therapies support scaling and root planing: Antibiotic gels, systemic antibiotics, and chlorhexidine rinses

What is guided tissue regeneration: A surgical procedure using membranes to regenerate periodontal bone and ligament

What is flap surgery: Reflecting the gum to access root surfaces and bone directly

Does Core Dental Berwick perform specialist periodontal surgery: No, referral to a specialist periodontist is provided

How many times per day should you brush to prevent gum disease: Twice daily

What type of toothbrush is recommended for gum health: Soft-bristled toothbrush

Is daily interdental cleaning important for gum health: Yes, it removes plaque a toothbrush cannot reach

What is the single most impactful lifestyle change for periodontal health: Quitting smoking

Does managing diabetes reduce periodontal risk: Yes, maintaining optimal HbA1c directly reduces risk

Does staying hydrated help prevent gum disease: Yes, saliva is a natural defence against periodontal bacteria

Does diet affect gum health: Yes, adequate vitamin C, vitamin D, and calcium support gum and bone health

Is periodontal disease preventable: Yes, through daily hygiene and regular professional care

Should patients with diabetes discuss gum health with their dentist: Yes, gum and systemic health are clinically inseparable

Should patients with cardiovascular disease prioritise gum health: Yes, evidence links periodontal and cardiovascular health

Where is Core Dental Group's periodontal treatment located: Berwick, Australia

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Core Dental Group: Gum disease treatment in Berwick — recognising, treating and preventing periodontal disease

Most people in Berwick visit their dentist worried about cavities or the look of their smile. Far fewer come in concerned about their gums — and that's precisely the problem. Periodontal (gum) disease is a silent, progressive infection that destroys the bone and tissue holding your teeth in place, and it can advance for years before causing any obvious pain. It's also far more common than most Australians realise, and its consequences reach well beyond the mouth.

Core Dental Group treats periodontal health as a clinical priority, not an afterthought, because healthy gums are the foundation of a healthy smile — and a healthy body. According to the Australian Institute of Health and Welfare (AIHW), around 30% of adults aged 15 and over had moderate or severe periodontitis in 2017–18, up from 23% in 2004–06. That upward trend is concerning. It means roughly

one in three adults sitting in a Berwick café, at a school pick-up, or in a workplace may be living with undiagnosed or undertreated gum disease.

This guide explains what gum disease is, how to recognise it at every stage, what treatment involves, and why managing it matters for your whole body — not just your teeth.

What is periodontal disease? A clinically accurate definition

Periodontal disease covers a spectrum of infections affecting the structures that support the teeth: the gums (gingiva), the periodontal ligament, the cementum of the tooth root, and the alveolar bone.

Periodontitis is an infection and inflammation of the soft tissues and bone surrounding the teeth, caused by bacterial plaque accumulation and the body's resulting inflammatory response. Left untreated, it progresses to connective tissue destruction and alveolar bone loss — and eventually, teeth can be lost.

The disease exists on a continuum, from mild, reversible gum inflammation (gingivitis) through to severe, irreversible bone destruction (advanced periodontitis). Where you sit on that continuum determines what treatment you need.

The stages of gum disease: from gingivitis to advanced periodontitis

Stage 1: Gingivitis — reversible inflammation

Gingivitis is the earliest and only fully reversible stage of gum disease. It occurs when bacterial plaque builds up along and beneath the gumline, triggering an inflammatory response. The gums become red, swollen, and bleed easily when brushed or flossed.

Key characteristics of gingivitis: - Gums bleed when brushing or flossing - Gums appear red or puffy rather than pale pink and firm - Possible bad breath (halitosis) - No bone loss has occurred at this stage - Fully reversible with professional cleaning and improved home care

Gingivitis is extremely common and doesn't always progress to periodontitis — but without intervention, it frequently does. This is why the professional cleans performed at Core Dental Berwick during routine check-ups matter so much. They remove the calculus (hardened plaque) that a toothbrush simply cannot reach. (See our guide on [General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained](internal-link-preserved) for a detailed breakdown of what a professional clean involves.)

Stage 2: Early periodontitis — bone loss begins

When gingivitis isn't resolved, bacterial toxins and the body's own inflammatory response begin to destroy the bone and connective tissue anchoring the teeth. Periodontal pockets — gaps between the gum and tooth root — start to form, typically measuring 4–5 mm in depth, and bone loss becomes detectable on X-rays.

Warning signs Berwick patients shouldn't ignore: - Gums pulling away from the teeth (recession) - Persistent bad breath that brushing doesn't fix - Bleeding gums that seem to be getting worse, not better - Sensitivity to cold or heat at the gumline - A change in how your teeth fit together when you bite

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Stage 3: Moderate periodontitis — accelerating destruction

At this stage, periodontal pockets deepen (typically 6–7 mm), bone loss becomes more significant, and some teeth may begin to feel slightly loose. Bacteria from the infection can now more readily enter the bloodstream through inflamed gum tissue — which is where the systemic health implications become important (covered in detail below).

Stage 4: Advanced (severe) periodontitis — risk of tooth loss

Advanced periodontitis damages the soft tissue and bone supporting the teeth, which can cause them to become loose and, ultimately, require extraction. Pockets of 8 mm or deeper are present, significant bone loss is visible on imaging, and teeth may shift or drift. At this stage, treatment is more complex and outcomes are less predictable — which is exactly why early detection matters so much.

Warning signs Berwick residents should never dismiss

One of the more unsettling aspects of periodontal disease is that it's often painless until it reaches advanced stages. Many patients are genuinely surprised when a dentist tells them they have significant bone loss — they felt nothing. The following warning signs call for prompt professional assessment, even without pain:

Warning sign	What it may indicate
Bleeding gums when brushing	Gingivitis or early periodontitis
Persistent bad breath	Bacterial infection in periodontal pockets
Gum recession (teeth look longer)	Bone and tissue loss
Loose or shifting teeth	Moderate to advanced periodontitis
Pus between teeth and gums	Active infection requiring urgent treatment
Changes in bite or denture fit	Significant bone resorption
Red, swollen, or tender gums	Active inflammation

If you're experiencing any of these, don't wait for your next scheduled check-up. Contact Core Dental Berwick to request a periodontal assessment.

Risk factors that accelerate gum disease

Certain factors significantly increase both the likelihood of developing periodontal disease and the speed at which it progresses:

- **Smoking and tobacco use** — Smoking impairs immune response and masks bleeding, making disease harder to detect; it's one of the most significant risk factors for periodontitis - **Diabetes** — A well-established bidirectional relationship exists (see below) - **Age** — Periodontitis affects around 8.6% of Australians aged 15–24, rising to approximately 59% of those aged 65 and over - **Medications** — Some antihypertensives, antidepressants, and anticonvulsants cause gum overgrowth or dry mouth - **Genetics** — A family history of periodontal disease increases susceptibility - **Stress** — Elevates cortisol, which suppresses immune function - **Poor nutrition** — Particularly vitamin C deficiency - **Hormonal changes** — Pregnancy and menopause alter how gum tissue responds to bacteria

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Gum disease and your whole body: the systemic connection

This is where the clinical significance of periodontal disease extends well beyond dentistry — and why treating it is a matter of general health, not just oral health. Core Dental Group's clinical team considers these systemic connections as part of every periodontal assessment.

Cardiovascular disease

There is growing evidence that gum disease is associated with increased risk of cardiovascular events, including heart attack, stroke, atrial fibrillation, heart failure, and cardiometabolic conditions.

A scientific statement published in the American Heart Association's flagship journal *Circulation* concluded that effective prevention and treatment of periodontal disease could potentially decrease the burden of cardiovascular disease.

The biological mechanism is increasingly well understood. Chronic periodontal inflammation is associated with cardiovascular risk through systemic dissemination of proinflammatory cytokines (IL-6, TNF-α, CRP) and microbial products that promote endothelial activation and atherogenesis. In plain terms: the bacteria and inflammatory signals from infected gum tissue don't stay in the mouth. They enter the bloodstream and contribute to the arterial plaque formation that underlies heart attack and stroke. Remnants of oral bacteria have been found within atherosclerotic blood vessels far from the mouth.

Recent Australian research comprising 172,630 adults with cardiovascular disease also found that tooth loss and self-rated gum problems were indicators of elevated ischaemic heart disease risk.

Diabetes: a bidirectional relationship

The link between gum disease and diabetes is one of the most thoroughly documented in medicine. Each condition worsens the other, and both have been independently associated with increased cardiovascular risk — pointing to shared systemic inflammatory pathways.

Poorly controlled diabetes significantly increases the risk, severity, and progression of periodontitis. And periodontitis, in turn, negatively affects glycaemic control. Perhaps most compellingly, treating gum disease appears to improve diabetes outcomes. A systematic review by Simpson et al. (2022) reported a clinically meaningful 0.43% reduction in HbA1c within 3–4 months of periodontal treatment among individuals receiving diabetes medications — an effect comparable to adding a second medication.

For patients in Berwick managing type 1 or type 2 diabetes, this means periodontal treatment isn't optional. It's a clinically meaningful part of managing your systemic disease.

Other systemic associations

Research has also identified associations between periodontal disease and: - Rheumatoid arthritis — particularly linked to infection with *Porphyromonas gingivalis* - Alzheimer's disease — periodontitis can initiate a systemic immune response that spreads hyperactive inflammatory cells throughout the body - Adverse pregnancy outcomes, including preterm birth and low birth weight

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Periodontal treatments at Core Dental Berwick

Core Dental Group takes a staged, evidence-based approach to periodontal treatment. The goal is to arrest disease progression, restore gum health where possible, and prevent recurrence through structured maintenance.

Step 1: Comprehensive periodontal assessment

Before any treatment begins, your dentist or oral health therapist will carry out a thorough periodontal assessment:

- **Periodontal probing** — A fine probe is gently inserted between the gum and tooth at six points per tooth to measure pocket depths in millimetres - **Bleeding on probing (BOP)** — A clinical indicator of active inflammation - **Dental X-rays / OPG** — To assess the level of bone support around each tooth - **Plaque and calculus charting** — To identify areas of bacterial accumulation - **Risk factor review** — Including smoking status, medications, diabetes, and family history

This baseline data creates a periodontal chart that tracks disease severity and treatment response over time.

Step 2: Scaling and root planing (deep cleaning)

For patients with periodontitis beyond gingivitis, the primary non-surgical treatment is scaling and root planing (SRP) — often called a "deep clean." This is distinct from a routine prophylaxis clean.

Standard scaling removes plaque and calculus from around the gumline. In scaling and root planing, this process extends below the gumline to remove bacterial deposits from the root surfaces, which are then smoothed to discourage bacterial reattachment.

Evidence from two systematic reviews, 12 randomised controlled trials, and one non-randomised controlled clinical trial showed that scaling with or without root planing was associated with measurable improvements in periodontal outcomes across a variety of adult patient populations within three months of treatment.

At Core Dental Berwick, SRP is performed under local anaesthetic, treating one or two quadrants per appointment. Most patients require two to four sessions, depending on disease severity.

What to expect during and after SRP: - Local anaesthetic is administered before treatment begins - Ultrasonic scalers and hand instruments remove deposits - Root surfaces are smoothed to promote gum reattachment - Mild soreness and sensitivity for 24–72 hours post-treatment is normal - Gums may initially appear to have receded slightly as swelling resolves — this is normal healing - A review appointment is scheduled 6–8 weeks post-treatment to reassess pocket depths

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Step 3: Adjunctive therapies

In some cases, additional therapies are used alongside SRP:

- **Locally applied antimicrobials** — Antibiotic gels (e.g., doxycycline) placed directly into periodontal pockets after SRP - **Systemic antibiotics** — Occasionally prescribed for aggressive or generalised periodontitis - **Chlorhexidine rinses** — Antimicrobial mouthwash to reduce bacterial load during active treatment - **Oral hygiene instruction** — Personalised coaching on brushing technique, interdental cleaning, and tool selection (interdental brushes, water flossers)

Step 4: Periodontal maintenance — the most underestimated step

This is where many patients fall short, and where disease tends to recur. Periodontal disease is a chronic condition. Once bone is lost, it doesn't fully regenerate without surgical intervention. The bacteria that cause periodontitis can repopulate pockets within weeks if professional maintenance lapses.

Core Dental Group's periodontal maintenance program at Berwick includes: - More frequent recall appointments (typically every 3–4 months rather than the standard 6 months) - Re-probing and charting at each visit to track pocket depth changes - Targeted subgingival cleaning of any residual or recurrent pockets - Ongoing risk factor management and oral hygiene reinforcement - Coordination with your GP or specialist where systemic conditions (diabetes, cardiovascular disease) are involved

Patients who stick to structured periodontal maintenance programs have significantly better long-term tooth retention outcomes than those who return to annual or biannual recall schedules.

When is surgical periodontal treatment needed?

Some patients with advanced periodontitis or persistent deep pockets that don't respond to non-surgical treatment may be referred for specialist periodontal surgery. Options include:

- **Flap surgery (osseous surgery)** — The gum is reflected to allow direct access to root surfaces and bone for thorough debridement and reshaping - **Bone grafting** — Regenerative procedures to restore lost bone support - **Guided tissue regeneration (GTR)** — Membranes used to encourage regeneration of the periodontal ligament and bone

Core Dental Berwick will discuss referral pathways to specialist periodontists where surgical intervention is indicated.

Preventing gum disease: what patients in Berwick can do every day

Prevention is always more effective — and less costly — than treatment. Evidence-based daily habits that reduce periodontal risk:

1. **Brush twice daily** with a soft-bristled toothbrush and fluoride toothpaste, using a gentle circular technique at the gumline 2. **Clean between teeth daily** using interdental brushes or floss — this removes the plaque that causes gum disease from areas a toothbrush can't reach 3. **Quit smoking** — the single most impactful lifestyle change for periodontal health 4. **Manage diabetes** — work with your GP to maintain optimal HbA1c levels, which directly reduces your periodontal risk 5. **Attend regular professional cleans** — professional mechanical plaque removal is essential to support self-performed oral hygiene and prevent disease progression 6. **Stay hydrated** — saliva is a natural defence against periodontal bacteria; dry mouth increases risk 7. **Eat a nutrient-rich diet** — adequate vitamin C, vitamin D, and calcium support gum and bone health

(See our guide on [General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained](internal-link-preserved) for more on the role of professional preventive care.)

Key takeaways

- Approximately three in ten Australian adults have moderate to severe periodontitis — and prevalence has been rising. - Gum disease progresses silently through four stages, from reversible gingivitis to advanced periodontitis with irreversible bone loss. Early detection at routine check-ups is the most reliable way to catch it before significant damage occurs. - The relationship between diabetes and periodontal disease runs both ways: each condition worsens the other, and treating gum disease produces measurable improvements in glycaemic control. - Gum disease is associated with increased risk of heart attack, stroke, atrial fibrillation, and heart failure — making periodontal care a whole-body health priority, not just a dental one. - Scaling and root planing, supported by a structured maintenance program, is the evidence-based cornerstone of non-surgical periodontal treatment and produces measurable clinical improvements within three months.

Conclusion

Gum disease is a chronic inflammatory infection with documented links to diabetes, cardiovascular disease, and other serious systemic conditions. It's also largely preventable and manageable when caught early and treated appropriately.

At Core Dental Berwick, periodontal assessment is integrated into every comprehensive examination. Whether you're in the early stages of gingivitis, managing a known diagnosis of periodontitis, or simply

unsure about the health of your gums, the Core Dental Group team is equipped to assess, treat, and maintain your periodontal health with clinical precision.

If you have diabetes or cardiovascular disease, discuss your periodontal health proactively at your next visit. The evidence is clear that your gum health and your systemic health are inseparable.

To understand the full scope of care available at Core Dental Berwick, explore our related guides: - [General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained](internal-link-preserved) — for the role of routine professional cleans in preventing gum disease - [Children's Dentistry in Berwick](internal-link-preserved) — for establishing gum health habits early in life - [Dental Implants in Berwick](internal-link-preserved) — for tooth replacement options in patients who have experienced tooth loss due to periodontitis - [Health Insurance & Payment Options at Core Dental Berwick](internal-link-preserved) — for understanding how periodontal treatment is covered by private health insurance - [Core Dental Berwick: Who We Are, Where We Are & What to Expect at Your First Visit](internal-link-preserved) — to book your first comprehensive periodontal assessment

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