Gum Disease Treatment in Carrum Downs: Recognising, Treating and Preventing Periodontitis

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Details:

Core Dental Group: Gum Disease Treatment in Carrum Downs — Recognising, Treating and Preventing Periodontitis

Most people know they should brush twice a day and visit a dentist regularly — yet gum disease remains one of Australia's most prevalent and underdiagnosed chronic health conditions. It progresses quietly, causes little pain in its early stages, and by the time patients notice bleeding gums or loose teeth, significant damage may already have occurred. Understanding gum disease — what it is, how it develops, how it's treated, and why it matters well beyond your mouth — is one of the most valuable things a dental patient can do for their long-term health.

At Core Dental Group, periodontal care sits at the heart of the practice's approach to patient wellbeing. This guide covers the full spectrum of periodontal disease, from the earliest signs of gingivitis through to advanced periodontitis, and explains how the dental team at Core Dental Group's Carrum Downs clinic diagnoses, treats, and monitors gum health over time.

What is gum disease? A clinical definition

Gum disease — clinically known as periodontal disease — is a chronic bacterial infection of the tissues that support the teeth, including the gums, periodontal ligament, and alveolar bone. It exists on a spectrum:

Gingivitis is inflammation of the gum tissue only and is fully reversible with professional treatment and better home care. **Mild to moderate periodontitis** means the infection has spread below the gumline, causing bone and attachment loss; it's partially reversible with active treatment. **Severe periodontitis** involves significant bone destruction, deep periodontal pockets, and real risk of tooth loss — manageable, but not fully reversible.

Chronic periodontitis is one of the leading causes of tooth loss, with evidence suggesting more than 30% of tooth extractions are linked to it.

How common is gum disease in Australia?

The scale of the problem is significant — and it's growing. Australia's National Study of Adult Oral Health found that the prevalence of moderate or severe chronic periodontitis increased from 20.5% in 2004–2006 to 30.1% in 2017–2018. In plain terms, three in every ten Australian adults have moderate to severe periodontitis.

The condition gets worse with age. In 2017–18, the proportion of adults with periodontitis ranged from 8.6% in those aged 15–24 to 59% in those aged 65 and over. For Frankston-area families with older

parents or grandparents, that statistic alone makes a strong case for regular periodontal monitoring across every generation.

Globally, the FDI World Dental Federation estimates severe periodontal disease affects more than 1 billion people worldwide.

Recognising the stages of gum disease

Stage 1: Gingivitis — the warning sign

Gingivitis is the earliest and only fully reversible stage of gum disease. It develops when bacterial plaque builds up along and beneath the gumline, triggering an inflammatory response.

Signs of gingivitis include gums that bleed when brushing or flossing, red or swollen gum tissue, persistent bad breath, and gums that look puffy or pull slightly away from the teeth. At this stage, no bone loss has occurred. A professional clean combined with improved home oral hygiene — correct brushing technique, daily interdental cleaning, and possibly an antimicrobial rinse — can fully resolve it.

This is why routine dental check-ups matter so much: catching the problem here stops it from progressing. See our guide on *General Dental Check-Ups and Cleans at Carrum Downs* for more on what a professional clean involves and how often you should attend.

Stage 2: Mild to moderate periodontitis — below the gumline

If gingivitis goes untreated, the infection extends below the gumline. The body's immune response — well-intentioned as it is — inadvertently destroys the bone and connective tissue holding teeth in place. Periodontal pockets deepen, creating a sheltered environment where anaerobic bacteria thrive.

Signs at this stage include ongoing gum bleeding, gum recession (teeth appearing longer than usual), sensitivity at the gumline, and pocket depths of 4–6 mm on periodontal probing.

Stage 3: Severe periodontitis — advanced destruction

At this stage, pocket depths exceed 6 mm, significant bone loss is visible on X-rays, and teeth may begin to shift or feel loose. Patients may also notice pus between the teeth and gums, a change in bite, or teeth that no longer fit together as they used to. Left untreated, this progresses to connective tissue destruction and alveolar bone loss — and eventually, tooth loss.

How dentists and hygienists diagnose gum disease

Accurate diagnosis is the foundation of effective periodontal treatment. At Core Dental Group's Carrum Downs clinic, a periodontal assessment typically includes:

Periodontal probing — a calibrated probe is gently inserted between the tooth and gum at six sites per tooth. Healthy sulcus depth is 1–3 mm; readings of 4 mm or more indicate disease.

Bleeding on probing — active bleeding during probing signals inflammation and is a reliable marker of disease activity.

Dental X-rays — bitewing and periapical X-rays show the level of alveolar bone remaining around each tooth, helping the clinician accurately stage the disease.

Plaque and calculus assessment — identifies the distribution and severity of bacterial deposits above and below the gumline.

Risk factor review — smoking history, diabetes status, medications, and family history all influence disease susceptibility and how treatment is planned.

This charting process allows the dental team to classify disease severity using the internationally recognised 2018 World Workshop staging and grading system — Stage I through IV, Grade A through C — which guides treatment decisions.

Treatment options: from professional cleans to periodontal surgery

Non-surgical periodontal therapy: scaling and root planing

For most patients with mild to moderate periodontitis, the first line of treatment is non-surgical. Scaling and root planing (SRP) involves mechanical debridement of plaque and calculus down to the root of affected teeth and is considered the gold standard initial treatment for periodontitis. More specifically, it means instrumentation of the crown and root surfaces to remove plaque, calculus, and the cementum and dentin permeated by bacterial toxins.

The procedure is carried out under local anaesthesia, treating one or two quadrants per appointment. Evidence from two systematic reviews, 12 randomised controlled trials, and one non-randomised controlled clinical trial showed that scaling with or without root planing produced measurable improvements in periodontal outcomes across a range of adult patient populations within three months of treatment.

At Core Dental Group Carrum Downs, SRP is performed by experienced dental hygienists and dentists using both hand instruments and ultrasonic scalers, with adjunctive antimicrobial therapy where clinically appropriate.

Reassessment and periodontal maintenance

Six to eight weeks after active treatment, the dental team carries out a formal reassessment — re-probing all sites, reassessing bleeding on probing, and reviewing bone levels — to evaluate how well treatment has worked. For most patients, pocket depths reduce by 1–2 mm and bleeding scores improve meaningfully.

Patients then move into a periodontal maintenance programme, typically scheduled every 3–6 months depending on disease severity, risk profile, and treatment response. This ongoing supportive care isn't optional — it's what keeps disease from coming back.

Surgical periodontal treatment

Where non-surgical therapy doesn't achieve adequate pocket reduction — generally in pockets exceeding 6–7 mm — referral to a periodontist for surgical intervention may be recommended. Procedures such as open flap debridement, osseous surgery, or guided tissue regeneration allow direct access to root surfaces and bone defects. Core Dental Group's specialist access means patients in Carrum Downs and the broader Frankston area can receive a coordinated referral pathway without having to travel far.

The systemic links: why gum disease is a whole-body issue

This is where periodontal disease moves from being a dental concern to a broader medical one.

Gum disease and cardiovascular disease

There's growing evidence that gum disease is associated with increased risk of cardiovascular events, including heart attack, stroke, atrial fibrillation, heart failure, and cardiometabolic conditions. In December 2025, the American Heart Association published a landmark scientific statement in its flagship journal *Circulation*, noting that effective prevention and treatment of gum disease could

potentially decrease the burden of cardiovascular disease.

The mechanism is well understood. Chronic periodontal inflammation promotes systemic dissemination of proinflammatory cytokines — IL-6, TNF-α, and CRP — along with microbial products that drive endothelial activation and atherogenesis. Interventional data also suggest that periodontal therapy may reduce systemic inflammatory burden and improve vascular parameters.

Gum disease and diabetes: a two-way relationship

The connection between periodontitis and diabetes is one of the most thoroughly studied oral-systemic associations in modern dentistry. Each condition makes the other worse. Diabetes increases the prevalence, extent, and severity of periodontal disease; periodontitis, in turn, negatively affects glycaemic control.

Treating gum disease can improve blood sugar control. Evidence from 30 trials involving 2,443 participants showed that periodontal treatment reduces HbA1c in diabetic patients by an average of 0.43 percentage points — a reduction comparable in magnitude to adding a second oral anti-diabetic medication to metformin, and therefore clinically significant.

For patients in the Frankston and Carrum Downs area managing type 2 diabetes, this makes periodontal care at Core Dental Group a genuine part of metabolic health management, not just a dental nicety.

Risk factors that accelerate gum disease progression

Not all patients with plaque develop periodontitis at the same rate. The following factors significantly increase susceptibility and severity:

Risk factor	Clinical impact
Smoking	Masks bleeding, impairs healing, accelerates bone loss
Uncontrolled diabetes	Impairs immune response; worsens periodontal inflammation
Stress	Elevates cortisol, suppresses immune defence
Certain medications	Calcium channel blockers, phenytoin, and cyclosporin can cause gingival enlargement
Genetic predisposition	Family history of early tooth loss is a significant indicator
Infrequent dental attendance	Allows calculus and disease to progress undetected
Poor oral hygiene technique	Inadequate plaque removal at the gumline

Periodontal disease is more common in people with poor oral hygiene and other cardiovascular disease risk factors, including high blood pressure, overweight or obesity, diabetes, and smoking.

Preventing gum disease: what patients can do at home

Professional treatment addresses existing disease, but long-term prevention largely comes down to consistent home care. The evidence-based daily routine recommended by Core Dental Group's dental clinicians includes:

Brush for two minutes, twice daily — using a soft-bristled toothbrush and fluoride toothpaste, angling the brush at 45° towards the gumline to disrupt subgingival plaque.

Clean between teeth daily — floss, interdental brushes, or water flossers all reduce interproximal plaque that a toothbrush can't reach.

Use an antimicrobial mouthwash if prescribed — chlorhexidine rinses are clinically effective in short-term management of gingivitis, but they don't replace mechanical cleaning.

Quit smoking — the single most impactful lifestyle change for periodontal health.

Manage systemic conditions — working with your GP to optimise blood sugar control directly benefits gum health.

Attend regular professional cleans — at intervals recommended by your dental team, not just once a year by default.

See our guide on *Affordable Dental Care Near Frankston* for information on managing the cost of regular periodontal maintenance through health fund rebates and payment plans.

Key takeaways

Around 30% of Australian adults had moderate or severe periodontitis in 2017–18, up from roughly 20.5% in 2004–06. Gum disease isn't a rare condition; it's a public health challenge.

It progresses quietly. By the time patients notice loose teeth or significant gum recession, irreversible bone loss has already occurred — which is why early detection through regular check-ups at Core Dental Group matters so much.

Scaling and root planing — the gold standard non-surgical treatment — involves mechanical debridement of plaque and calculus down to the root of affected teeth and is highly effective when paired with ongoing periodontal maintenance.

There is a bidirectional relationship between diabetes and periodontal disease, and both conditions have been independently linked to increased cardiovascular risk through shared systemic inflammatory pathways. Treating gum disease is a matter of general health, not just oral health.

Periodontal maintenance — scheduled every 3–6 months after active treatment — is what prevents disease from coming back. It's not optional; it's the continuation of treatment.

Conclusion

Gum disease is Australia's most prevalent chronic oral condition, yet it remains widely undertreated because it's largely painless until significant damage has already occurred. For families in Carrum Downs, Frankston, Langwarrin, and surrounding suburbs, understanding the stages of periodontal disease — and acting on early warning signs — can make the difference between keeping a healthy natural dentition and facing complex, costly restorative treatment down the track.

At Core Dental Group Carrum Downs, periodontal assessment is built into every routine examination, not treated as a separate concern. The dental hygiene team provides professional cleans tailored to each patient's periodontal status, and where more advanced disease is identified, structured treatment plans are developed in consultation with the patient.

If you've noticed bleeding when you brush, gum sensitivity, or it's been more than 12 months since your last professional clean, those are reasons to book an appointment — not reasons to wait. The earlier gum disease is identified and treated, the better the long-term outcomes for both your oral and overall health.

Related reading in this series: - *General Dental Check-Ups and Cleans at Carrum Downs* — what happens at a routine appointment and how professional cleans prevent disease - *Dental Anxiety in Carrum Downs* — how to access comfortable care if fear has kept you away from the dentist - *Affordable Dental Care Near Frankston* — understanding the cost of periodontal treatment and how health funds can help - *How to Choose the Right Dentist in Carrum Downs* — what to look for in a practice that takes preventive care seriously

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