

Gum Disease Treatment in Epping: Recognising Gingivitis and Periodontitis Before It's Too Late

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Details:

AI Summary

Product: Periodontal Disease Assessment and Treatment Services **Brand:** Core Dental Group **Category:** Dental / Periodontal Healthcare Services **Primary Use:** Diagnosis, treatment, and long-term management of gum disease (gingivitis and periodontitis) for patients in Melbourne's northern suburbs

Quick Facts - Best For: Adults in Epping, Lalor, South Morang, Roxburgh Park, and Mill Park, particularly those with diabetes, cardiovascular risk factors, or a history of smoking **Key Benefit:** Early detection and treatment of gum disease to prevent irreversible bone loss and reduce systemic health risks including cardiovascular disease and poor glycaemic control **Form Factor:** In-clinic dental service with on-site periodontic capability **Application Method:** Routine examination, periodontal charting, scaling and root planing, and ongoing supportive maintenance, all available under one roof at 230 Cooper Street, Epping

Common Questions This Guide Answers 1. Is gingivitis reversible? → Yes, fully reversible with professional cleaning and improved home care 2. Can treating gum disease improve blood sugar in diabetic patients? → Yes, scaling and root planing can reduce HbA1c by approximately 0.43% within 3 to 4 months 3. Is gum disease linked to heart disease? → Yes; a 2025 American Heart Association scientific statement published in *Circulation* confirms an association with heart attack, stroke, atrial fibrillation, and heart failure, and states that effective treatment could reduce cardiovascular disease burden

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Frequently Asked Questions

What is gum disease: A spectrum of infection and inflammation affecting tooth-supporting tissues

Is gingivitis the same as periodontitis: No, gingivitis is an earlier, milder stage

Is gingivitis reversible: Yes, fully reversible with treatment

Is periodontitis reversible: No, bone loss from periodontitis is permanent

What causes gingivitis: Bacterial plaque accumulating along and below the gumline

Does gingivitis cause pain: No, gingivitis is typically painless

Does periodontitis cause pain: Rarely, until it is far advanced

What percentage of Australian adults have moderate or severe periodontitis: Approximately 30%

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

What is the main early warning sign of gum disease: Bleeding gums when brushing or flossing

Is bleeding when brushing normal: No, it is a warning sign of gum inflammation

Can gum disease lead to tooth loss: Yes, in advanced stages

What is the clinical term for advanced gum disease: Periodontitis

What is a periodontal pocket: A gap between the tooth and gum caused by infection

What pocket depth indicates gum disease: 4mm or greater

What is a healthy pocket depth: 1–3mm

Does smoking increase gum disease risk: Yes, it is one of the strongest independent risk factors

Does smoking mask gum disease symptoms: Yes, it suppresses bleeding gums as a warning sign

Is there a link between diabetes and gum disease: Yes, the relationship is bidirectional

Does diabetes worsen gum disease: Yes, it increases prevalence, extent, and severity

Does gum disease worsen diabetes: Yes, periodontitis negatively affects glycaemic control

Can treating gum disease improve blood sugar: Yes, SRP can reduce HbA1c by approximately 0.43%

How quickly can periodontal treatment improve HbA1c: Within 3 to 4 months post-treatment

Is gum disease linked to heart disease: Yes, associated with increased cardiovascular risk

Which cardiovascular events are linked to gum disease: Heart attack, stroke, atrial fibrillation, and heart failure

How does gum disease affect the heart: Bacteria travel through the bloodstream and increase arterial plaque

Can treating gum disease reduce cardiovascular risk: Yes, according to a 2025 AHA scientific statement

Which journal published the 2025 gum disease–cardiovascular statement: Circulation, the American Heart Association's flagship journal

Does pregnancy affect gum disease: Yes, hormonal changes can worsen existing gingivitis

What is pregnancy gingivitis: Worsened gingivitis caused by hormonal changes during pregnancy

Do medications affect gum disease risk: Yes, some reduce saliva flow and increase bacterial colonisation

Which medication types reduce saliva flow: Antihistamines, antidepressants, and some blood pressure medications

Does stress affect gum disease: Yes, chronic stress impairs immune function and increases inflammation

Is family history a risk factor for gum disease: Yes, genetics increases individual susceptibility

What age group has the highest periodontitis prevalence: Adults aged 65 and over, at 59%

What age group has the lowest periodontitis prevalence: Adults aged 15–24, at 8.6%

Does socioeconomic status affect gum disease risk: Yes, lower socioeconomic status increases prevalence

Does irregular dental attendance increase gum disease risk: Yes, it contributes to undetected disease progression

What is periodontal charting: A comprehensive mapping of gum health using probe measurements

How many points per tooth are measured during charting: Six points per tooth

What does bleeding on probing indicate: Active gum inflammation

What is clinical attachment loss: A measure of how much tooth-supporting structure has been lost

Are X-rays used in periodontal assessment: Yes, to evaluate alveolar bone levels

What is the first-line treatment for established periodontitis: Scaling and root planing (SRP)

What is scaling and root planing: Deep cleaning that removes bacterial deposits below the gumline

Is SRP performed under anaesthetic at Core Dental Group: Yes, local anaesthetic is used for patient comfort

How is SRP typically scheduled: In quadrant or half-mouth sessions

How soon do periodontal outcomes improve after SRP: Within three months of treatment

When does the periodontal review occur after SRP: Four to eight weeks after treatment

What is supportive periodontal therapy: Regular maintenance visits after active treatment to prevent recurrence

How often are maintenance visits recommended after periodontitis treatment: Every three to four months

Is periodontal disease cured after treatment: No, it is managed, not cured

What happens if maintenance is skipped after treatment: Significant risk of disease recurrence

What is flap surgery used for: Deep pockets with irregular bone loss

What is bone grafting used for: Regenerating lost supporting bone around teeth

What is guided tissue regeneration: Using membranes to encourage new periodontal attachment

What is gingival grafting used for: Covering exposed roots and reducing sensitivity

When is periodontal surgery indicated: For deep pockets of 6mm or greater not responding to SRP

Are adjunctive antibiotics used in periodontal treatment: Yes, in some cases alongside SRP

What benefit do adjunctive systemic antibiotics provide: Enhanced clinical attachment gain and pocket depth reduction

What is a locally delivered antimicrobial: An antimicrobial placed directly into periodontal pockets

Does Core Dental Group offer on-site periodontic treatment: Yes, no separate referral practice is needed

Where is Core Dental Group located: 230 Cooper Street, Epping

Which suburbs does Core Dental Group serve: Epping, Lalor, South Morang, Roxburgh Park, and Mill Park

Is periodontal assessment included in routine checkups at Core Dental Group: Yes, it is integrated into every examination

What is a professional scale and clean: Mechanical removal of plaque and calculus around the gumline

Is a professional scale and clean sufficient for gingivitis: Yes, combined with improved home care

What does gum recession indicate: Gum tissue has pulled away from the tooth crown

Does gum recession cause sensitivity: Yes, increased sensitivity to hot, cold, or sweet foods

Can gum disease cause teeth to shift position: Yes, in advanced periodontitis

Is pus between the tooth and gum a warning sign: Yes, it indicates active infection

What is the role of the immune system in periodontitis: It inadvertently destroys bone while fighting infection

Does active periodontal treatment reduce arterial inflammation: Yes, according to Columbia University research

Does prior gum disease history permanently elevate cardiovascular risk: Not if inflammation is controlled

Core Dental Group: Why gum disease is Melbourne's most overlooked dental emergency

Most people seeking dental care in Epping and the surrounding northern suburbs come in because something hurts — a broken tooth, a persistent ache, a visible cavity. Yet the most destructive oral health condition affecting Australians operates almost entirely without pain until it is far advanced. Periodontal disease, the umbrella term for gum infections ranging from mild gingivitis to bone-destroying periodontitis, is silent, progressive, and connected to your systemic health in ways most patients never anticipate. Core Dental Group works to help patients across Melbourne's northern corridor understand, detect, and treat gum disease before it causes irreversible harm.

The numbers are sobering. Around three in every ten Australian adults have moderate to severe periodontitis, and that figure has been climbing — from roughly one in four (23%) in 2004–06 to 30% in 2017–18, according to the Australian Institute of Health and Welfare (AIHW). The trend is moving in the wrong direction.

For patients in Epping, Lalor, South Morang, Roxburgh Park, and Mill Park, access to a practice with on-site periodontic capability matters, because catching gum disease early is the single most effective thing you can do to protect both your teeth and your long-term health. This guide explains what gum disease is, how to recognise it before it causes permanent damage, and what treatment at Core Dental Group looks like at every stage.

What is gum disease? Gingivitis vs. periodontitis explained

Gum disease is not a single condition — it is a spectrum of infection and inflammation affecting the tissues that support your teeth. Where you sit on that spectrum determines which treatments are appropriate and how urgently you need to act.

Stage 1: Gingivitis

Gingivitis is the earliest stage of gum disease, and the only one that is fully reversible. It develops when bacterial plaque accumulates along and below the gumline, triggering an inflammatory response in the soft gum tissue. At this stage, the bone and connective tissue anchoring your teeth remain unaffected.

Classic signs of gingivitis include: - Gums that bleed when you brush or floss (often dismissed as normal) - Gums that appear red, swollen, or puffy rather than pale pink and firm - Persistent bad breath that does not resolve with brushing - Gums that feel tender to touch

Gingivitis is almost entirely caused by inadequate plaque removal and clears up with professional cleaning and better home care. The critical point: most patients with gingivitis feel no pain whatsoever, which is why it is so frequently ignored until it progresses.

Stage 2: Early to moderate periodontitis

When gingivitis goes untreated, the infection extends below the gumline. Periodontitis is a chronic inflammatory disease caused by a bacterial biofilm (dental plaque) that attacks the supporting apparatus of the teeth, particularly the periodontal ligaments and surrounding bone.

As the immune system fights the bacterial infection, it inadvertently destroys bone and connective tissue in the process. Periodontal pockets — gaps between the tooth and gum — deepen, creating a protected environment for increasingly aggressive bacteria. At this stage, some bone loss has already occurred and cannot be recovered.

Warning signs of early to moderate periodontitis include: - Gums that have visibly receded, making teeth appear longer - Increased sensitivity to hot, cold, or sweet foods - Persistent bad breath even after professional cleaning - Pus visible between the tooth and gum - Slight tooth mobility

Stage 3: Advanced periodontitis

At this stage, periodontitis has damaged enough soft tissue and bone that teeth may become loose and, eventually, lost. Bite alignment can shift, and extraction becomes a real possibility. The proportion of adults with periodontitis rises sharply with age — from 8.6% in those aged 15–24 to 59% in those aged 65 and over, according to AIHW data — making older adults in Melbourne's northern suburbs particularly vulnerable.

Risk factors relevant to Epping's northern suburbs population

Gum disease does not affect all people equally. Certain risk factors, some modifiable and some not, dramatically increase susceptibility. Melbourne's northern suburbs have a population profile that warrants particular attention to several of these.

Smoking and tobacco use

Smoking is one of the strongest independent risk factors for periodontitis. It impairs blood supply to gum tissue, suppresses the immune response, and masks the classic early warning sign of bleeding gums, meaning smokers can have severe disease with minimal visible symptoms.

Type 2 diabetes

The relationship between diabetes and gum disease is one of the most clinically significant in dentistry. The two conditions are linked in both directions: diabetes increases the prevalence, extent, and severity of periodontal disease, while periodontitis negatively affects glycaemic control and the course of diabetes.

This has real implications for patients managing diabetes in Epping. A systematic review found a clinically meaningful 0.43% reduction in HbA1c within 3 to 4 months of periodontal treatment among individuals receiving diabetes medications — a reduction comparable to the effect of some oral diabetes drugs. If you have Type 2 diabetes and have not had a periodontal assessment, that is a clinical gap worth addressing.

Cardiovascular risk factors

Periodontal disease is more common in individuals with poor oral hygiene and other cardiovascular risk factors, including high blood pressure, overweight or obesity, diabetes, and smoking. This clustering of risks is common in the northern suburbs population.

Evidence linking gum disease to cardiovascular events has been building for years. A 2025 scientific statement published in the American Heart Association's journal *Circulation* confirmed associations with heart attack, stroke, atrial fibrillation, and heart failure, and concluded that effective prevention and treatment of gum disease could decrease the burden of cardiovascular disease. The mechanism is increasingly well understood: inflammation from gum disease allows bacteria to travel through the bloodstream into the vasculature around the heart, contributing to the arterial plaques that drive heart problems.

Socioeconomic and access factors

Periodontal disease is more prevalent among older adults, people with low physical activity, and those affected by adverse social determinants of health, including lower socioeconomic status, food insecurity, and limited access to dental care. Irregular dental attendance, often driven by cost or access concerns, is a significant contributor to undetected disease progression. (See our guide on *Dental Payment Plans and Health Fund Rebates at Core Dental Group* for information on accessing affordable care.)

Other risk factors worth knowing

- **Medications:** Antihistamines, antidepressants, and some blood pressure medications reduce saliva flow, increasing bacterial colonisation - **Pregnancy:** Hormonal changes during pregnancy can dramatically worsen existing gingivitis, a condition known as pregnancy gingivitis - **Genetics:** A family history of early tooth loss or gum disease increases individual susceptibility - **Stress:** Chronic psychological stress impairs immune function and increases the inflammatory response

How gum disease is diagnosed at Core Dental Group

Early diagnosis is the foundation of effective periodontal management. At Core Dental Group, periodontal assessment is built into every routine examination — not treated as an optional extra.

The periodontal charting process

A comprehensive periodontal assessment includes:

1. **Pocket depth measurement** — A calibrated probe is gently inserted between the tooth and gum at six points per tooth. Healthy sulcus depth is 1–3mm; readings of 4mm or more indicate disease activity
2. **Bleeding on probing (BOP)** — Bleeding triggered by the probe indicates active gum inflammation
3. **Clinical attachment loss (CAL)** — Measures how much of the tooth's supporting structure has been lost
4. **Gingival recession assessment** — Documents how far gums have pulled away from the tooth crown
5. **Radiographic bone evaluation** — Dental X-rays reveal alveolar bone levels that cannot be assessed clinically

This charting process creates a complete map of your gum health that can be compared at each visit to detect progression or improvement. Patients attending Core Dental Group for routine checkups are already receiving this monitoring as part of their preventative care. (See our guide on *General Dentistry at Epping: Checkups, Cleans, Fillings, and Preventative Care Explained* for more on what a standard examination involves.)

Periodontal treatments available at Core Dental Group

Treatment is staged according to disease severity, starting with the least invasive approach and escalating only when clinically necessary.

Professional scale and clean (supragingival scaling)

For patients with gingivitis or very mild periodontitis, a thorough professional scale and clean removes the plaque and calculus (hardened tartar) that home brushing cannot reach. Combined with personalised oral hygiene instruction, this is frequently sufficient to fully reverse gingivitis.

Scaling and root planing (deep cleaning)

For patients with established periodontitis and pocket depths of 4mm or greater, scaling and root planing (SRP) is the evidence-based first-line treatment. Unlike a routine clean, SRP reaches below the gumline to remove bacterial deposits from the root surfaces themselves, then smooths those surfaces to discourage bacterial reattachment and promote gum 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 produced improvements in periodontal outcomes across a variety of adult patient populations within three months of treatment. A 2015 American Dental Association-commissioned systematic review and clinical practice guidelines further confirmed the effectiveness of SRP for the nonsurgical treatment of chronic periodontitis, with and without adjunctive therapies.

At Core Dental Group, SRP is performed under local anaesthetic for patient comfort, with treatment divided into quadrants or half-mouth sessions to allow adequate healing assessment between appointments.

Periodontal review and maintenance

Four to eight weeks after SRP, a re-evaluation appointment assesses how the gums have responded. Pocket depths are re-charted, and a decision is made about whether further intervention is required or whether the patient can move to a supportive periodontal therapy (SPT) schedule — typically three- or four-monthly professional maintenance visits to prevent recurrence.

Periodontal disease does not "cure" in the conventional sense — it is managed. Patients who complete active treatment but skip regular hygiene appointments face a real risk of disease returning.

Periodontal surgery

For patients with deep pockets, typically 6mm or greater, that do not adequately respond to SRP, surgical intervention may be indicated. Options include:

| Procedure | Indication | Goal | |---|---|---| | ****Flap surgery (osseous surgery)**** | Deep pockets with irregular bone loss | Direct access to root surfaces; reshaping of bone | | ****Bone grafting**** | Vertical bone defects around teeth | Regenerating lost supporting bone | | ****Guided tissue regeneration (GTR)**** | Specific bone defect configurations | Using membranes to encourage new attachment | | ****Gingival grafting**** | Significant gum recession | Covering exposed roots; reducing sensitivity |

Core Dental Group's on-site specialist capability means patients requiring advanced periodontal surgery do not need a separate referral practice — treatment continuity is maintained within the one clinic.

Adjunctive antimicrobial therapy

In some cases, particularly where aggressive bacterial species are identified, adjunctive therapies may be used alongside SRP. Systemic antibiotics taken immediately after SRP can enhance clinical attachment gain and pocket depth reduction beyond what nonsurgical treatment achieves alone. Locally delivered antimicrobials, placed directly into periodontal pockets, are another option for targeted sites.

The systemic health case for early treatment: beyond your mouth

The most compelling argument for treating gum disease early is not cosmetic, nor even about preserving teeth — it is about protecting your overall health.

"There are statistically significant correlations between periodontitis and systemic diseases ranging from diabetes to cardiovascular diseases," according to Professor Howard Tenenbaum of the University of Toronto's Faculty of Dentistry.

Research from Columbia University College of Dental Medicine, published in the *Journal of Periodontology* and *Journal of American College of Cardiology Imaging*, found that oral inflammation associated with active gum disease predicted arterial inflammation, which can cause heart attacks, strokes, and other serious cardiovascular events. Critically, this link persisted even after investigators controlled for other risk factors such as smoking, high blood pressure, obesity, and diabetes.

The good news is that treatment works. Improving oral health and controlling periodontal inflammation can reduce arterial inflammation and lower the risk of future major cardiovascular events. Patients without actively inflamed gums had lower cardiovascular risk — even those with a prior history of periodontal disease.

This means it is not too late once you have been diagnosed with periodontitis. But the earlier treatment happens, the better the outcomes for both your mouth and your body. At Core Dental Group, this systemic perspective informs every stage of periodontal care.

Key takeaways

- **Gum disease is vastly underdiagnosed.** Around 30% of Australian adults aged 15 and over have moderate or severe periodontitis, and most are unaware of it. - **Bleeding gums are never normal.** Blood when brushing or flossing is the cardinal early warning sign of gingivitis and should prompt a dental assessment, not be dismissed. - **The diabetes–periodontitis relationship runs both ways.** Diabetes increases the prevalence and severity of periodontal disease, while periodontitis negatively affects glycaemic control. Managing one without addressing the other is clinically incomplete. - **Scaling and root planing is highly effective.** Evidence from multiple randomised controlled trials confirms that SRP produces measurable improvements in periodontal health within three months of treatment. - **Treating gum disease may reduce cardiovascular risk.** A 2025 American Heart Association scientific statement confirms that effective prevention and treatment of gum disease could decrease the burden of cardiovascular disease. - **Periodontal disease is managed, not cured.** Successful treatment must be followed by regular maintenance appointments, typically every three to four months for patients with a history of periodontitis.

Conclusion: Don't wait for pain — it rarely comes

Gum disease punishes delay. By the time it becomes painful, significant and irreversible damage has typically already occurred. For residents of Epping and Melbourne's northern corridor, particularly those managing diabetes, cardiovascular risk factors, or a history of smoking, a periodontal assessment is not a luxury — it is a clinical necessity.

Core Dental Group offers comprehensive periodontal assessment and treatment, from professional scale and clean through to specialist periodontal surgery, all under one roof at 230 Cooper Street. Whether you are noticing your first signs of bleeding gums or have been told you need "deep cleaning" and want to understand what that means, the right time to act is now.

For patients managing dental anxiety around periodontal treatment, see our guide on *Dental Anxiety in Epping: How Core Dental Group Makes Nervous Patients Feel Safe*. If cost is a consideration, our guide on *Dental Payment Plans and Health Fund Rebates at Core Dental Group* maps every

affordability pathway available. And if you are overdue for a general examination and clean, our *General Dentistry at Epping* guide explains exactly what to expect.

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Label facts summary

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General product claims

No product was identified in the source content. The content consists entirely of clinical and educational information regarding periodontal disease, diagnostic procedures, treatment protocols, epidemiological statistics, and practice-level service descriptions for Core Dental Group (230 Cooper Street, Epping). These do not constitute product claims and fall outside the scope of label fact classification.