ORAL HEALTH AND OVERALL HEALTH MAKE THE CONNECTION

HIV/AIDS and Oral Health Fact Sheet

FOR PROVIDERS **OCTOBER 2017**

The Challenge…

People Living With HIV/AIDS (PLWHA) experience a higher incidence of common oral health problems (i.e., dental decay/cavities, gingivitis), as well as other oral health problems that are directly related to HIV infection. Yet, according to various studies, 58% to 64% of these individuals do not receive regular dental care. Inadequate oral health care can undermine HIV treatment and diminish quality of life.[1]

What you need to know…

Bacterial infections (i.e., dental decay and periodontal (gum) disease that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in patients with severely compromised immune systems.

Oral signs of HIV/AIDS commonly include lesions and presentations of opportunistic diseases. Careful medical history review and a detailed examination of the patient's oral cavity are important parts of the oral examination.[2]

Ways You Can Help…

- Reinforce oral hygiene practices and use of fluoride to reduce occurrence of dental decay and oral infections.
- Discuss oral complications of HIV/AIDS with your patients. Some of the most common include: oral warts,fever blisters, hairy leukoplakia, oral candidiasis (thrush) and aphthous ulcers (canker sores).[3] Patients may also experience dry mouth, which increases the risk of tooth decay and can make chewing, eating, swallowing, and even talking difficult.
- Recommend regular dental examinations. Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications, leaving them susceptible to progression of their disease. HIV medications have side effects such as dry mouth, which predisposes patients to dental decay, periodontal disease, and fungal infections.
- Discuss ways of preventing opportunistic infections.
- Check with your patient's physician prior to dental treatment and encourage regular HIV primary medical care visits and reinforce the importance of optimal nutrition intake.

Footnotes:

1. https://www.hrsa.gov/publichealth/clinical/oralhealth/hivfactsheet.pdf
2. https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/potential-related-health-problems/opportunistic-infections/
3. http://www.nidcr.nih.gov/OralHealth/Topics/HIV/

Early recognition, diagnosis, and treatment of HIV-associated oral lesions may reduce morbidity. Below is an overview of oral lesions most frequently associated with HIV disease. The presence of these lesions may be an early diagnostic indicator of immunodeficiency and HIV infection, may change the classification of the stage of HIV infection, and is a predictor of the progression of HIV disease.[2]

Fungal – Candidaisis, Erythematous, Angular cheilitis, Histoplasmosis, Cryptococcosis

Viral – Herpes simplex, Herpes zoster, Human papillomavirus lesions, Cytomegalovirus ulcers, Hairy leukoplakia

Bacterial – Linear gingival erythema, Necrotizing ulcerative periodontitis, Mycobacterium avium complex, Bacillary angiomatosis

Neoplastic – Kaposi's sarcoma, Non-Hodgkin's lymphoma

Other – Recurrent aphthous ulcers, Immune thrombocytopenic purpura, HIV salivary gland disease – DILS

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