

## STUDY OFFERS NONSURGICAL OPTION FOR TREATING GUM DISEASE

From U.S. Dept. of Health & Human Services

■(WASHINGTON) Persons with severe periodontal disease may be able to avoid surgery by taking antibiotics, a new study shows. Dental scientists report that scaling and root planing (deep cleaning of teeth above and below the gum) combined with short-term use of oral and locally applied antibiotics dramatically reduced the need for gum surgery and tooth extractions by 88 percent. The regimen spared 690 of 783 teeth initially recommended for surgery or extraction.

Periodontal disease is a progressive infection that, when untreated, can destroy the gums and other supporting structures of the teeth and can lead to tooth loss. The condition is typically treated by scaling and root planning (also called debridement) to clear away pockets of harmful bacteria that cause periodontal disease. When this is not successful, surgery is usually recommended. Surgery involves lifting back the gums, removing the hardened plaque buildup, then

stitching the gums back in place.

In a study supported by the national Institute of Dental Research, Dr. Walter J. Loesche of the University of Michigan School of Dentistry, Dr. James Giordano at the University of Detroit/Mercy School of Dentistry, and their colleagues used debridement plus antibiotics to significantly decrease levels of these damaging bacteria and reverse the majority of what were inevitable surgical cases. Dr. Loesche commented about the findings, "This antimicrobial regimen not only provides a treatment option for severe periodontal disease, but also brings such treatment into the realm of greater accessibility for many individuals."

At the outset of the study, 783 teeth had been identified as needing extraction or surgery around the tooth. At its conclusion, only 93 teeth (12 percent) actually needed such treatment. Debridement plus the antimicrobial regimens reduced the need for periodontal surgery by 93 percent, sparing 595 teeth from surgery; and decreased by 67 percent the need for tooth extraction, saving 95 teeth.

Significantly 81 percent of the study participants moved to the maintenance phase without needing any gum surgery or extractions.

The study also showed that doxycycline and metronidazole were comparably effective in reducing the need for gum surgery. The investigators preferred metronidazole, however, because of the lower risk of developing antibiotic resistance.

Follow-up examinations one year later indicated that the benefits of the antimicrobial treatment continued. The research team will follow these patients for five to eight years to determine the long-term benefit of this nonsurgical approach.

These findings were reported in the May issue of the Journal of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics. The research was supported by a grant from the National Institute of Dental Research, one of the federal National Institutes of Health.

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### FDA, continued from page 5

Drugs David A. Kessler, M.D. "Science and technology have evolved to the point where we believe the benefits of this new product outweigh the risks."

Technological advances in the accuracy of HIV antibody testing, the availability of treatments for people who are infected but do not yet have symptoms, and the public health benefits that would accrue from more people being aware of their HIV status all contributed to the agency's decision to approve the kit for home use. The decision is consistent with advice that FDA received at a June 1994 meeting of FDA's Blood Products Advisory Committee. At that meeting, the committee concluded that the potential benefits of over-the-counter home specimen collection kits outweighed the potential risks.

After purchasing a kit, a person begins the testing process by reading a pre-test counseling booklet about HIV and AIDS. Using enclosed lancets, the person takes a finger stick blood sample which is placed on a designated area of a test card precoded with a unique identification number.

The test card is mailed in a protective envelope to a certified laboratory for HIV-1 antibody testing. Once instructions are followed and an adequate sample has been sent, people can receive results seven days later

by calling a toll-free number.

Although negative results are provided by an automated message, everyone has the opportunity to speak to a counselor. All negative test results include an explanation of the "window" period, the time when people may be HIV-infected but still have negative antibody tests. The window period, in most

cases, lasts approximately one month.

Initially, the company will make the kit available for over-the-counter purchase in the state of Texas. The kits will also be sold through a toll-free number in two states, Texas and Florida, for people who would prefer having the kits mailed confidentially to their homes.

