Mouth, Body and Medicine:
How Dental Disease Impacts Medical Therapy
Mini-Elective
2009

Course Dates: March 30, April 6, 13, 27
Mondays, 1:00-3:00 PM

Maximum Students: 4

Class Year: MS1

Course Director: Edward P. Heinrichs, D.M.D.

Contact Information: Edward P. Heinrichs, D.M.D.
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Description:
In medical school and in media, the eyes are often described as the gateway to the soul. Perhaps this is the case, but the mouth is a pretty good gateway to everywhere else. Yet most medical school courses bypass the mouth and its vital links to keeping people well and to causing systemic disease.

This mini-elective course is designed to examine the interrelationship between oral disease and systemic disease, and the physician/dentist interactive roles in the preventive care and treatment of patients. After taking this course, students will have gained new clinical skills in oral examination, and unique perspectives on how significant a role oral health plays in determining the health of the whole person. Students in this course will know this material in a way that will distinguish them from the majority of non-dentists and prepare them to communicate more effectively with dental professionals.

Objectives:
After completing this course, students will:
1. Understand the basic impact of common oral diseases on systemic health and pathology.
2. Be able to examine the oral cavity to detect oral disease.
3. Be familiar with emerging scientific evidence on oral/systemic disease interactions.
4. Be able to appraise the basic health status of the oral cavity in order to recommend dental evaluation/therapy as it relates to systemic disease.

Requirements:
- Actively participate in all 4 course sessions.
- Read brief assignments before sessions 2, 3 and 4, each requiring less than 1 hour.
- Give a brief article summary presentation to peers at the final course session.
Course Outline

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Location:
All sessions—Salk Hall, School of Dental Medicine (Room TBA)

Session One: March 30, 2009
Anatomy, Pathophysiology, and Common Conditions
During an introductory lecture and small group discussion, students will be re-acquainted with basic hard and soft tissue anatomy of the oral cavity, and gain perspectives on normal and diseased states. Common conditions will be surveyed, including: basics of periodontal disease; cariology; acute (emergency department) dental trauma/disease; dental abscess; 3rd molar (wisdom teeth) problems; acute common viral and bacterial infections; xerostomia associated with disease and medication; and cancerous and pre-cancerous lesions.

Session Two: April 6, 2009
Diagnostic Imaging, and the Periodontal-Whole Body Connection
This two-part session will include:
• An interactive small group teaching session on dental radiology, demonstrating the variations in dental radiographic films and scans and their application in clinical settings.
• A seminar presentation on the role of periodontal disease as a chronic inflammatory disease process, and its role in the alteration of systemic disease processes especially diabetes, cardiovascular disease, pulmonary disease, and pregnancy complications such as premature labor.

Session Three: April 13, 2009
Clinical Skills Session
In the first segment of this two-part session, students will work in pairs to develop their clinical examination techniques and gain familiarity with normal findings. Students will then be paired with Periodontal Residents to observe periodontal pathology, through examination of live patients and images, and radiographic findings. NOTE: Professional attire, including white coats and nametags, is required for this special patient care session.

Session Four: April 27, 2009
Oral/Systemic Interactions—Understanding and Applying the Science to Patients
One segment of this session will consist of student presentations. Students will present a brief summary of a selected research article on oral/systemic interactions (approximately 5 minutes). Articles will be selected together with the course director. The second segment will be a group discussion on how to apply oral disease findings (history and clinical) as part of determining the need for dental referral in the overall treatment of the patient.