



THE STROKE AID SOCIETY  
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Hello Everyone

We are making great strides, our e-mail is up and running, and a photocopier and fax have been installed in the office. Sandra is there most mornings, when she is not out looking for funds.

I hope you all enjoyed your Chocolate Easter Eggs.

All the public holidays have made April this year a strange month. The leaves are falling and I think winter is coming in fast and furiously. I am just typing in the last of the bits and pieces for this issue and it is very cold today – down to 14° and overcast with occasional rain. However, up and onwards!

**COMPLAINT:**

It has come to our attention that certain members have complained that Sandra Colombick, [our PRO and Office Manager] is not always available at the tables on Tuesday mornings.

**Please note!** Sandra was employed and is paid [far less than she should be] for the work that she does in the above position. This is not a 9 to 5 job, but has turned out to be a 24/7 position, and as such her job takes precedence over always being available at the tables.

In any case, her help at the Tuesday morning meetings is in a VOLUNTARY capacity. Please try not to disturb the smooth running of the Tuesday meetings with demands and threats, and **please** treat the volunteers with respect, without whom our members would be the losers!

**“A volunteer is unpaid not because he/she is worthless: She/he is unpaid because she/he is priceless.**

**Te Rama Guides N2”**

## **VOLUNTEERS:**

We are appealing to members of families who have loved ones that have had strokes attending the support group, to come forward as volunteers at our Tuesday meetings. You understand and know what is needed to help. Please see Te Rama Guides quote – **‘You are priceless’** - we are sorely in need of you. If you are able to commit one morning per week of your time, please speak to Sandra at the meeting or telephone her on 011.728.2292.

## **GUM DISEASE AND YOUR HEART**

The surface of our teeth is covered with a sticky film of bacteria; a soft, whitish deposit called plaque.

Johannesburg dentist Dr Darren Klotnick says, “This can be easily removed by good oral hygiene; brushing after meals and snacks and flossing between teeth daily. Plaque that is not removed may harden into calculus, which is sometimes called tartar, and can generally only be removed by a dentist or oral hygienist with special instruments. When calculus accumulates either above or below the gumline, the gum tissue becomes irritated and inflamed. This leads to gingivitis and if left untreated, periodontitis, where the inflammation spreads from the gums (gingival) to the tissue that joins the teeth to the gums (the periodontal membrane), as well as to the ligaments and bone that support the teeth. Loss of support causes the teeth to become loose and eventually fall out”.

Periodontitis, or periodontal disease, is defined as inflammation of the supporting tissues of the tooth. Also referred to as gum disease, it has always been acknowledged as the primary cause of tooth loss in adults, but recent scientific research also suggests a link to a variety of common, non-oral health diseases, including heart disease. Explains Dr Klotnick, “Periodontitis is the cause of an inflammatory process

and is associated with infection and inflammation of the periodontal tissues. This however, does not remain localized – bacteria found in the space between the gum and tooth (periodontal pocket) can enter the bloodstream through the inflamed gum tissue as a result of the inflammatory process. This leads to the release of bacteria, toxins, inflammatory chemical messengers and other harmful compounds into the bloodstream, where these agents stimulate a systemic inflammatory response that, in turn, causes problems a long way from the mouth.”

Some of the most important targets of periodontitis-induced systemic inflammation are the blood vessels, especially the endothelial (inside) linings of the arteries, with all sorts of serious consequences. These inflammatory agents cause narrowing and rigidity of the arteries that result in reduced blood supply to the heart. **(The brain, kidneys and other organs can also be affected).**

“In addition”, adds Dr Klotnick, “systemic inflammation is thought to contribute to an inflammatory process in the arterial endothelium (artery wall) itself. Inflammation in this part of the blood vessel aggravates the formation of plaques (atherosclerosis). These arterial plaques obstruct normal blood flow and restrict the amount of nutrients and

oxygen required by the heart to function properly. **This may ultimately lead to the rupture of these plaques, events that result in cardiovascular disease (CVD, heart attack or stroke).**”

While it has long been known that people with abnormal heart valves can become seriously ill if they have poor dental hygiene, several recent studies have suggested that the opposite may also be true – **that poor oral health may also increase the risk of heart attack and stroke**

Several recent clinical trials support the theory of the effects of periodontitis on heart disease and other illnesses. One study found that patients who had recently suffered a heart attack had far higher levels of bacteria that cause disease in their mouths than those in a non-heart attack control group. In another study, arterial blood flow was measured in patients with periodontal disease before and after intensive treatment for their periodontal disease.

“It is very interesting”, says Dr Klotnick. “that the arterial blood flow in these patients diminished slightly over the first few days following the treatment, but within a few weeks it increased substantially and was significantly better than that of the untreated control group. Another study”, he continues, “examined 150 people with periodontal disease and found the total number of periodontal bacteria in sub-gingival plaque (plaque below the gums) was higher in those who had suffered a heart attack, and that DNA from different kinds of periodontal bacteria appeared in participants heart arteries.

Finally, a research team discovered that 91% of patients with CVD suffered from moderate to severe periodontitis,

compared to 66% in non-cardiac patients”.

Small wonder that in response to a study about gum disease and blood vessel function, Professor Peter Weissberg, medical director of the British Heart Foundation said, “It may be that people who take care of their dental hygiene avoid more than just a toothache!”

#### **PREVENTATIVE MEASURES:**

So what can you do to prevent gum disease and the possible spin-off of CVD? Your first port of call should always be your dentist, once or twice a year; to make sure that any existing periodontal disease is dealt with immediately, and to get your teeth professionally cleaned. Then it’s up to you to maintain good oral hygiene in order to prevent you from developing those dental problems that seem to put you at risk. It is also important to check your blood glucose, blood pressure and blood cholesterol levels regularly, as these tests will detect any underlying conditions that could be compromising your gum health. Dr Klondike offers the following vital tips to further prevent gum disease:

- Stop smoking now. Smoking is a major risk factor for the development of gum disease.
- Eat a well-balanced, heart-smart diet. In particular, you should limit the amount of sugary foods and drinks that you have. Sugars and sugary foods in the mouth are the main foods that bacteria thrive on to make acid, which can contribute to caries (tooth decay). There is also a definite relationship between caries and the intake of refined carbohydrates, which become sticky quickly and cling to the

teeth for long periods. They are easily broken down to acids by the bacteria in the mouth, and these acids are primarily responsible for tooth decay. Instead, opt for un-processed foods – cereals, meat, fish, eggs, vegetables, fruits and cheese.

- If your child needs medicine, try to get the sugar-free varieties wherever possible.
- Brush your teeth after every meal. If you aren't able to do so, chew sugar-free gum. Chewing gum increases the flow of saliva, which helps to flush out the mouth, clearing any leftover debris from the meal.
- An antiseptic mouthwash also helps prevent gum disease, while regular rinsing cleans the teeth. A wide variety of over-the-counter mouthwashes are available to freshen breath or kill plaque – the bacteria that cause gingivitis. Ask your dentist or oral hygienist to recommend the type of rinse that would be best for you.

#### **Symptoms of periodontal disease:**

Consult your dentist at the first signs of the following:

- Swollen gums
- Gums that look bright red or purple
- Gums that seem shiny
- Gums that bleed easily (you find blood on your toothbrush even after gentle brushing)
- Gums that are tender to touch
- Halitosis (bad breath)
- Loose teeth

*HEART – Autumn 2008 – Heart and Stroke  
Foundation Magazine*

**OBITUARIES:** We are very sad to tell you of the deaths of Margaret, beloved wife of Charles Wilmot and Mrs Judy Joubert, a corresponding member who received our newsletter. We send Charles and the families of the deceased our very sincere condolences. Our thoughts and prayers are with you all.

Aspirin fails some patients  
Heart or stroke patients who are resistant to aspirin are four times more likely to suffer a heart attack or stroke, or die from a pre-existing heart condition. Aspirin prevents clots forming in the blood, and patients are prescribed it long-term to avoid this. More than a quarter of nearly 3000 patients with cardiovascular disease, involved in 20 studies, were classified as aspirin-resistant. There is at present no agreed method of accurately determining who is and isn't aspirin-resistant. *London Times*

That's all for now – till next time



Yvonne Thomé  
SECRETARY