CONDITION

Gum disease

Gum disease is inflammation caused by dental plaque that can damage the gums and tissues supporting the teeth.

WHAT IT IS
Plaque-driven inflammation of gums and tooth-supporting tissues

BODY SYSTEM
Mouth and teeth

MAIN SYMPTOMS
Bleeding gums, swelling, bad breath, loose teeth

WHAT CAUSES IT
Bacterial plaque and the body's inflammatory response

HOW IT IS DIAGNOSED
Gum examination, pocket measurements, and dental X-rays

MAIN TREATMENT
Plaque removal, deep cleaning, and ongoing dental care

CAN IT BE CURED?
Sometimes - gingivitis reverses; periodontitis needs lifelong control

IS IT AN EMERGENCY?
Sometimes - facial swelling or breathing difficulty

LONG-TERM OUTLOOK
Usually manageable; advanced damage can cause tooth loss

Overview

Gum disease is inflammation of the gums and other tissues that hold your teeth in place. It usually begins when dental plaque collects around the gumline. Plaque is a sticky layer of bacteria that forms on teeth.

The earliest stage is gingivitis . The gums may become red, swollen, or prone to bleeding, but the bone supporting the teeth has not been damaged. Gingivitis can usually be reversed when plaque and hardened deposits are removed and daily cleaning improves.

Untreated inflammation can develop into periodontitis in some people. In periodontitis, the gums pull away from the teeth and form spaces called periodontal pockets. Inflammation can then damage the ligament and bone supporting the teeth. This damage may lead to receding gums, loose teeth, and eventually tooth loss.

Periodontitis is a long-term condition. Treatment can often stop or slow further damage, but it does not always restore tissue that has already been lost. Early assessment matters because gum disease may cause little or no pain until it is advanced.

Symptoms

Gingivitis commonly causes:

Bleeding is common, but it should not be treated as normal. Healthy gums generally do not bleed with gentle, effective cleaning.

Periodontitis may also cause:

Symptoms do not always reflect how much damage is present. Some people have substantial bone loss without pain, obvious bleeding, or other noticeable symptoms. Regular dental examinations can identify changes that you may not see yourself.

- Gums that bleed during brushing, flossing, or eating
- Red, tender, or swollen gums
- Persistent bad breath or an unpleasant taste
- A line of plaque or hardened tartar near the gums
- Gums pulling away from the teeth
- Teeth looking longer because the gums have receded
- Pus between a tooth and the gum
- New gaps between teeth
- A change in how the teeth meet when you bite
- Loose or shifting adult teeth
- Pain when chewing

Causes and risk factors

The main cause is a buildup of bacterial plaque at the gumline. If plaque is not removed, it can harden into calculus, also called tartar. Tartar has a rough surface that holds more plaque and cannot be removed with a toothbrush alone.

The immune system reacts to bacteria in plaque by causing inflammation. In some people, this response remains limited to the gums. In others, a stronger or prolonged response damages

the structures supporting the teeth.

Factors that raise the risk of developing periodontitis or make it harder to control include:

Pregnancy and other hormonal changes can make the gums more sensitive to plaque. They do not directly cause periodontitis, but inflammation and bleeding may become more noticeable.

The bacteria found in plaque can pass between people through saliva. However, gum disease is not considered contagious in the same way as a cold. Developing it also involves your immune response, daily cleaning, tobacco exposure, health, and other risk factors.

- Smoking or using other tobacco products
- Diabetes, especially when blood glucose is not well controlled
- Infrequent or ineffective tooth and interdental cleaning
- A family tendency toward severe periodontitis
- Medicines or health conditions that cause a dry mouth
- Conditions or treatments that weaken the immune system
- Changes that make dental care difficult, such as limited hand movement

Diagnosis

A dentist or dental hygienist examines the colour and shape of your gums and looks for plaque, tartar, bleeding, recession, and loose teeth.

A small measuring instrument called a periodontal probe is placed gently between each tooth and gum. This measures the depth of the space around the tooth and checks whether the gum bleeds. Deeper pockets and loss of attachment between the gum and tooth can indicate periodontitis.

Dental X-rays show whether bone has been lost around the teeth. They can also help rule out other causes of pain or loose teeth.

If periodontitis is found, it may be described by a stage and grade. The stage reflects the amount of damage and how complicated treatment may be. The grade estimates how quickly the condition may progress, using findings such as previous bone loss, smoking, and diabetes.

Treatment and management

Treatment aims to remove plaque and tartar, reduce inflammation, control risk factors, and protect the tissues that still support your teeth. The approach depends on whether you have

gingivitis or periodontitis and how advanced it is.

Gingivitis is usually managed with professional cleaning and more effective cleaning at home. You may be shown how to clean along the gumline and between your teeth without injuring the gums.

Periodontitis often requires scaling and root planing , sometimes called deep cleaning. Scaling removes plaque and tartar above and below the gumline. Root planing smooths contaminated root surfaces so the gums can heal against them. Local anaesthetic may be used to numb the area.

After healing, the gums are measured again. If deep pockets remain, further treatment may include:

Antibiotics or antiseptic treatments are used only in selected situations. They do not replace physical removal of plaque and tartar, and antibiotics like amoxicillin or doxycycline are not needed for every person with gum disease.

Long-term periodontal maintenance is important after treatment. These visits usually include gum measurements, cleaning above and below the gumline, and support with daily care. The interval between visits is based on your level of risk and how stable the condition is.

- Surgery to reach and clean deep areas around the roots
- Procedures intended to regenerate selected areas of lost bone
- Gum grafting to cover or strengthen some exposed roots
- Removal of a tooth that cannot be kept stable or treated successfully

Complications

Untreated periodontitis can destroy the bone and ligament supporting the teeth. Teeth may shift, become loose, or need to be removed. Missing or unstable teeth can affect eating, speech, and confidence.

Deep pockets can sometimes develop a painful collection of pus called a periodontal abscess. Infection may spread into nearby facial tissues, although this is not common.

Periodontitis and diabetes can affect each other. Diabetes can increase the risk and severity of periodontitis, while severe gum inflammation may make blood glucose harder to manage.

Gum disease is also associated with some heart, blood vessel, and pregnancy problems. An association does not prove that gum disease directly causes these conditions, or that gum treatment will prevent them.

Prevention

Many cases of gingivitis and periodontitis can be prevented, although inherited susceptibility and some health risks cannot be removed.

Clean your teeth thoroughly with fluoride toothpaste, including along the gumline. Clean between the teeth each day using floss, interdental brushes, or another method suited to the size of the spaces. If cleaning causes bleeding, continue gently and arrange a dental assessment rather than avoiding the area.

Regular dental examinations allow plaque, tartar, and early tissue changes to be found before they become obvious. How often you need care depends on your gum health and risk factors.

Not smoking is one of the most important ways to lower the risk of periodontitis and improve healing after treatment. Managing diabetes and dry mouth can also help protect the gums.

Living with it and what to expect

Gingivitis often improves after plaque and tartar are removed and daily cleaning becomes effective. Bleeding and swelling may settle over days to weeks, although this is not guaranteed if another problem is present.

Periodontitis usually requires lifelong monitoring. Treatment can make the condition stable, meaning there is little or no continuing loss of support around the teeth. However, the bone and gum attachment already lost do not usually return on their own.

You may notice less bleeding and fresher breath after treatment. As swelling settles, the gums can shrink back, making teeth look longer or spaces between them more visible. Tooth sensitivity may also occur when root surfaces become exposed.

Some people maintain their natural teeth for many years with effective home care, periodontal maintenance, and control of risk factors. Others continue to lose support despite treatment, particularly when the condition was advanced or smoking and poorly controlled diabetes remain present.

A return of bleeding, deeper pockets, or new tooth movement can mean the condition has become active again. Keeping maintenance appointments helps identify these changes early.

When to get medical help

Arrange a routine dental appointment if your gums repeatedly bleed, remain swollen, have

receded, or if bad breath continues despite cleaning. You should also arrange an assessment if an adult tooth feels loose, your bite has changed, or you notice pus around a tooth.

Seek urgent dental care if you have rapidly increasing gum or facial swelling, severe dental pain, fever with swelling, difficulty opening your mouth, or a painful lump that may contain pus.

Call emergency services or go to an emergency department if swelling makes it difficult to breathe or swallow, spreads into the neck or around an eye, or is accompanied by confusion or severe illness. These signs may indicate that an infection is affecting the airway or spreading beyond the mouth.

Common questions

Can gum disease go away on its own?

Gingivitis may improve when plaque is removed, but it should not be left to settle without attention. Tartar needs professional removal. Periodontitis does not usually go away on its own and can continue damaging the tissues around the teeth.

Why do my gums bleed when I brush?

Bleeding often means the gums are inflamed because plaque has collected near the gumline. Brushing too hard can also cause injury. Use gentle, thorough cleaning and arrange a dental assessment if bleeding continues.

Can receding gums grow back?

Receded gum tissue does not usually grow back by itself. Treatment can address the cause and help prevent further recession. Gum grafting can cover or strengthen selected areas, but it is not suitable or necessary in every case.

Can gum disease make my teeth fall out?

Advanced periodontitis can destroy enough supporting bone and ligament for teeth to become loose or be lost. Treatment and continuing maintenance can often slow or stop this process, especially when the condition is identified early.

Is gum disease contagious?

It is not usually described as contagious. Oral bacteria can be shared through saliva, but bacteria alone do not determine whether someone develops gum disease. Cleaning habits, smoking, diabetes, inherited susceptibility, and immune response also matter.

Can I have gum disease without knowing it?

Yes. Periodontitis may cause little pain, and bleeding can be mild or absent, especially in people who smoke. Gum measurements and dental X-rays can reveal damage that is not visible at

home.

Sources

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