Gum Disease Affects 4 in 10 U.S. Adults, Ventura Dentist Warns

October 28, 2026

October 28, 2026 -
Avra Dental, a general and cosmetic dental practice that treats gingivitis and periodontitis in Ventura, California, is urging adults to treat bleeding gums as a clinical finding rather than a nuisance, citing federal surveillance data showing an estimated 42.2% of U.S. adults aged 30 and older have periodontitis.

That estimate comes from an analysis of the 2009-2014 cycles of the National Health and Nutrition Examination Survey by researchers at the Centers for Disease Control and Prevention, published in the Journal of the American Dental Association in 2018. It reflects full-mouth periodontal examinations ? six sites per tooth on all teeth except third molars ? scored against surveillance case definitions developed jointly by the CDC and the American Academy of Periodontology. In the same analysis, 7.8% of adults had severe periodontitis, and prevalence increased with age. An earlier CDC analysis covering the 2009-2012 cycles reported overall prevalence of 46%. The gap between the two figures reflects different survey years and case definitions rather than a change in national oral health.

"Patients often assume bleeding gums are normal, and that assumption costs them bone," said Tariq Jabaiti, DDS, lead dentist at Avra Dental and a faculty member at the University of Southern California's Herman

Ostrow School of Dentistry. "Our approach focuses on catching inflammation while it is still reversible, then protecting what the patient already has."

The stage of disease determines what treatment can realistically accomplish. Gingivitis, the earliest form, is inflammation confined to the gum tissue and driven by plaque buildup; it generally resolves with professional cleaning and improved home care. Periodontitis is a different problem. Once infection extends below the gum line and destroys bone and the fibers anchoring teeth in place, that structural loss does not regenerate on its own, and treatment shifts from reversal to containment.

Staging does not rest on a single measurement. Probing depths of four millimeters or more are one signal among several, weighed alongside clinical attachment loss, bleeding on probing, recession patterns and bone levels visible on radiographs. Healthy tissue generally probes at one to three millimeters, but an isolated deeper reading can reflect transient inflammation, tooth anatomy or measurement variation rather than established disease, which is why a diagnosis follows the full examination and not one probe.

A comprehensive periodontal exam at the practice combines digital X-rays, pocket-depth charting, bleeding-point mapping and screening for risk factors including grinding, smoking and diabetes. Scaling and root planing removes bacterial deposits and calculus from root surfaces below the gum line. Laser-assisted periodontal therapy, which the practice offers for moderate pockets, treats diseased tissue without incisions or sutures; how it compares with conventional scaling and root planing varies by patient and by stage of disease, and neither approach regenerates bone that has already been lost. Time-release antibiotic microspheres can be placed in deeper pockets as an adjunct. Patients diagnosed with periodontitis are typically maintained on a three-to-four-month recall rather than a six-month interval, so pocket depths are re-measured before a relapse advances.

Periodontal disease also sits inside a broader research question. The American Academy of Periodontology, which has collaborated with the CDC on periodontal disease surveillance since 2003, describes periodontitis as a chronic inflammatory condition associated with other inflammatory diseases, including diabetes and cardiovascular disease. Those statistical associations are well documented in the literature. Whether treating periodontal disease changes the course of those conditions remains an open question, and the practice screens for the shared risk factors on that basis rather than on any claimed systemic benefit.

"Gum disease does not resolve on its own, and it is not a cosmetic problem," Jabaiti said. "Our goal is to give every patient an honest picture of what is happening and what stopping it requires."

Readers who want to understand how gingivitis differs from periodontitis, how periodontal staging is measured and what each stage of treatment involves can read Jabaiti's clinical overview of gum disease treatment in Ventura at https://avradental.com/dental-services/gum-disease/.

This information is provided for educational purposes only and is not a substitute for professional medical advice, diagnosis or treatment. Always consult a qualified healthcare provider for personal health decisions.

About Avra Dental

Avra Dental is a general and cosmetic dental practice in Ventura, California, led by Tariq Jabaiti, DDS, a faculty member at the University of Southern California's Herman Ostrow School of Dentistry, alongside associate dentist Jordan Malinoff, DDS. Services include periodontal therapy, dental implants, crowns, veneers, Invisalign and emergency dentistry. The practice is located at 1708 S Victoria Ave B, Ventura, CA 93003, and can be reached at (805) 941-1001. https://www.avradental.com/

###

For more information about Avra Dental, contact the company here:Avra DentalDr. Tariq Jabaiti18057653206Avradental@gmail.com1708 S Victoria Ave B, Ventura, CA 93003, United States

Avra Dental

Led by Dr. Tariq Jabaiti, DDS (USC faculty), Avra Dental brings honest, high-tech care to Ventura, CA. From cleanings to cosmetic and no-drill prepless veneers, we explain everything and never upsell. 800+ five-star reviews. Your trusted Ventura dentist.

Website: https://avradental.com/

Email: Avradental@gmail.com

Phone: 18057653206