



Diabetes

& Dentistry YOU

Aging, Diabetes and Oral Health What You Need to Know

Four out of every 10 adults over the age of 65 in the US has diabetes mellitus or impaired glucose tolerance. Of those with diabetes almost 30% will go undiagnosed.

What do we know about periodontal disease and diabetes?

Research suggests that the association between periodontal disease and metabolic control is much the same as the relationship between glycemic control and the “classic” complications of diabetes.

It is well-documented that as people age, the risk of developing diabetes increases. For those who have been diagnosed with diabetes, the longer they live with the disease, the greater the risk for developing complications associated with it.

Along with heart, arteries, kidneys, eyes and feet, the risk to oral health also increases with age. In fact, diabetics are 2.8 – 3.4

times more likely to contract advanced periodontal disease than non-diabetics, and the risk of xerostoma (also known as, dry mouth), mouth ulcers, burning mouth syndrome and oral fungus also increase. What’s more, oral diseases can lead to a host of health issues that can lead to tooth loss, alveolar bone loss, as well as ongoing infection that places a burden on the body and can drive glucose levels out of control.

Loss of teeth and pain from ulcers and abscesses can make it difficult for the diabetic to eat a diet balanced. Dense grain products such as multigrain bread and pasta can cause pain in loose teeth. Complex sugars that help balance glucose levels, such as fresh orange juice and ripe strawberries, can irritate tender gums from periodontal disease and eat at mouth ulcers.

None of these oral health problems is good, of course. And the best defense against them, as they say, is a strong offense. To combat oral health issues and, at the same time,

maintain healthy glucose levels diabetics should invest in a vigorous oral health program

Do you have xerostoma?

Common Symptoms:

- Frequent thirst
- A sticky, dry feeling in mouth and throat
- Hoarseness
- Dry nasal passages
- Bad breath
- Problems speaking
- Mouth sores
- Split skin in corners of the mouth
- Burning sensation in the mouth and on the tongue
- Difficulty tasting, chewing and swallowing

under the supervision of a dentist trained in oral health for diabetic patients.

DentistryForDiabetes Dentists

There is a league of dentists today, operating under the umbrella of *DentistryForDiabetes*, who are trained in the art and science of

Diabetes and Oral Health:

In 2002, ~1.3 million new cases of diabetes were diagnosed, and increase of 500,000 new cases per year since 1998, when the incidence was 800,000 cases.

treating oral health issues while and caring for the diabetic patient.

DentistryForDiabetes dentists will schedule exams gum up to four times a year (as is recommended by the American Academy of Periodontology) in which they probe for infection and decay, deep-clean teeth and also test A1C levels with each visit. They will consult with patients oral problems affecting proper diet and systemic health, and (on your request) may collaborate with your physician on proper medications, and report variations in glucose level.



Xerostoma is a disease that is both complicated by diabetes mellitus and that itself can worsen the diabetic condition. It is not to be taken lightly.

There are two key causes of xerostoma (otherwise known as dry mouth) that should be of concern to the aging diabetic.

Why is the risk of gum disease so high in the aging diabetic?

Diabetics (especially those over 65 and those who have lived with the disease for more than 10 years) are at greater risk of gum disease than non-diabetics for several reasons. The most important of which is that aging affects the ability to manage blood glucose levels. If the diabetic has not managed blood sugar well through the early years of living with it, the body's ability to stave off infection begins to break down. That is especially true in the mouth, where bacteria is brought in regularly in the plaque that collects on teeth regularly. As left untreated, bacterial plaque seeps down below the gum line, creating pockets where it can multiply quickly and infect and damage teeth, gums and the bone beneath the gums. That is why this population is advised to visit their dentist (one trained in proper oral care of diabetic patients) four times per year and to make blood glucose management a top priority.

Whether you are at risk of developing diabetes or you have lived with diabetes for more than five years, enlist the help of a

DentistryForDiabetes dentist to help care for you teeth, prevent oral complications and support your overall health.

Not to be Taken Lightly Causes: Xerostoma Complications on Many Levels

First, xerostoma is a side-effect of more than 500 prescription medications, many of which are used by medical doctors to treat various major and minor complications of diabetes mellitus.

Saliva is important

The second cause is itself a complication of diabetes. The salivary glands of the diabetic slowly degenerate over time until they can no longer produce enough saliva to maintain the healthy balance needed for proper oral health.

Saliva carries enzymes that help break down food. It also washes away bacteria that collect in the plaque on teeth. Without it in proper amounts, glucose levels in

the saliva increase and bacteria multiply. The result can be oral infection, mouth ulcers, cavities and gum disease.

In addition to affecting local oral health, saliva also delivers a peptide called salivatin to the body. Salivatin plays a role in making glucose-stimulated insulin release possible. It helps lower blood sugar after a meal and helps keep blood sugar levels even, a function that appears to be damaged by diabetes.

In Sum

The sum of all this is that xerostoma can affect system health on many levels. If you have not been doing so already, watch for signs of xerostoma. Better yet, visit a dentist trained in oral care

Oral Health & Treatment:

Treatment for xerostoma consists of topical treatments such as fluoride-containing mouth rinses and salivary substitutes, combined with probing for gingival infection and aggressive program of quarterly examinations and cleaning below the gum line. I also consists of testing A1C levels to ensure glucose levels are maintained.