



Diabetes

& Dentistry YOU

The New World of Health

How to Prevent and Manage Diabetes

There was once a time when everyone knew the earth was flat. From scientists, to mathematicians to brick layers, that was the absolute, accepted truth.

Of course, all of them were proven wrong, eventually. But in the meantime, humans limited their options, and lived smaller lives for fear they might sail off the edge of the world.

Up until recently, that same old, flat-world view was applied to diabetes. Conventional wisdom said that diabetes, while it invaded the feet, kidneys and liver, vascular system, heart, and eyes—somehow stopped at the tonsils and doubled back. Which meant the health of the mouth and gums had nothing whatever to do with the health of the body.

Why the World of Diabetes has Changed . . .

But that's all about to be debunked. Research has been

building over the last 50+ years that clearly links oral health with body health—especially for diseases like diabetes and auto-immune disorder that attack the entire system.

According to Ryan T. Demmer, PhD, MPH, associate research scientist in the department of epidemiology at Columbia, and lead researcher in the study *Periodontal disease and incident type 2 diabetes*, **periodontal disease may actually lead to diabetes.**

The study, published in *Diabetes Care* journal in 2008, found that the odds for developing diabetes rose 40% among research subjects with gingivitis, and by 50% among participants with periodontitis vs. those with healthy gums [Demmer RT, Jacobs DR, Desvarieux M. Periodontal disease and incident type 2 diabetes. *Diabetes Care*. 2008;31:1373-1379].

"We found that over two

decades of follow-up, individuals who had periodontal disease were more likely to develop type 2 diabetes later in life when compared to individuals without periodontal disease," said Demmer.

Many people of color, especially women, develop diabetes in their 30s and 40s and sometimes their 20s, long before they are considered "elders."

Interrelated and Relevant

But there is more to the story. What both conventional wisdom and the latest research have borne out is that diabetes is not simply a hereditary disease, or an oral health disease, or a weight or age-related disease. It is an interrelated cluster of maladies that includes obesity, insulin resistance, chronic oral

Did you know?

In the United States, all people of color have a higher chance of developing diabetes than people of European descent.

infection, hypertension, and more. And the risk factors that lead up to those maladies multiply the odds that the individual may develop diabetes, rather than simply adding to it.

For example, if you are of Hispanic, African or Pacific Island descent, you are 1.6 times more likely to develop diabetes than non-Hispanic whites. If you are a woman, your odds increase by as much as 40%. If you carry excess weight, your chances increase even further, and if you have gum disease your chances

swell to a frightening 50%.

Will You Choose to do Nothing?

The point is that your lifestyle, your existing oral infections, your weight, and your heredity are all interrelated, precursors to diabetes. They are not isolated diseases that simply co-inhabit your body. Instead, they work together to affect your chances for developing diabetes.

You, in turn, have a choice. You can choose to improve your health and to decrease

your risks factors for diabetes—by taking a complete approach to prevention and management (for those already living with the disease). And you can begin by visiting your physician and a diabetically-trained dentist for complete screening.

Or you can do nothing. . . . The choice is yours.

For More Information

If you suspect you may be at risk for diabetes or gum disease contact your physician or a *DentistryForDiabetics* dentist today www.DentistryForDiabetics.com.

Manage Diabetes Check Your Oral Health Risks

According to *DentistryForDiabetics*SM, a nation-wide organization of dentist focused on improving the health of those with diabetes, an increasing number of physicians and dentists are screening their patients for oral health diseases—in order to help manage or prevent diabetes.

The first step in the screening process is to check the individual for oral disease indications. So, if you suspect that you may be at risk for diabetes or oral health diseases that may lead to insulin resistance or diabetes, review the list of indicators below before calling your physician or diabetically-trained dentist.

ORAL HEALTH EVALUATION

Have you visited a dentist for treatment, exam or therapy during the last year? **Yes / No**

Have you had your teeth cleaned in the last year? **Yes / No**

VISIBLE ORAL INDICATIONS

- Gums bleed when patient brushes or by themselves
- Swollen gums
- Bad breath that won't go away
- Loose or unstable teeth

ADDITIONAL ORAL INDICATIONS

- Patient having trouble swallowing
- Missing teeth



Cracked lips, including corners of mouth

Complaints that prosthetic teeth no longer fit properly

Erratic glycemic control with unknown etiology

Receding gums

Oral candida fungus

Oral lesions

Xerostomia

Pain/discomfort when chewing

Oral Health & Treatment:

Incident diabetes odds increased by 40% among participants with gingivitis (P<0.05) and by 50% among participants with periodontitis (P<0.05) compared with periodontally healthy participants.