



Diabetes

& Dentistry & YOU

How will You Improve Your Health Resolve to Manage Glucose Levels

What are you doing differently in 2009 to improve your health?

That's a question many people across the US and around the world pledged to answer with their New Years resolutions this year.

But if you have been living with diabetes mellitus you know that a commitment to good health carries additional weight. Studies have shown that managing glucose levels may be the single most important part of living a healthy life while living with diabetes.

So if you forgot your healthy ways long before the echo of *Auld Lang Syne* faded from memory this year, consider this.

According to recent research, good oral health may be a key component in glucose management for diabetic individuals.

And yet, often it is the missing component.
Maria Ryan, DDS, PhD, director

of clinical research at the School of Dental Medicine at Stony Brook University in New York, said, "There are significant data now to support that if a person has diabetes and they also have periodontal disease that is left untreated, it is very difficult to gain glycemic control of that patient."

The reason periodontal disease affects blood glucose is because at its most basic level, periodontal disease is an infection. From that infection, bacteria are born, multiply and enter the blood stream. This in turn triggers an inflammatory response that, in a systemically healthy person, may result in . . .

- Damage to soft tissue of the gums
- Loss of aveolar bone (the bone that holds teeth in place), if left untreated,
- Permanent loss of teeth

In the diabetic patient, however, impaired immune response and

Patients with poor metabolic control may increase their risk factor for advanced alveolar bone loss by as much as 1100% over systemically healthy individuals and diabetic patients with good control.

Bone loss quickly leads to tooth loss and may also lead to edentulism.

inhibited wound healing often trigger "hyper-inflammatory response". This over response drives glucose levels out of target ranges. It may also speed the advance of tissue and bone damage, and tooth loss.

Ultimately, if may lead to an

Did you know?

Diabetic patients have been found to develop oral diseases at a higher rate than systemically-healthy individuals. They develop periodontal disease 2.8 – 3.4 times more often (particularly when glycemic levels are not well controlled).

ongoing cycle of inflammation and out-of-control glucose levels that wreak havoc on the overall health of the individual. They may also cause the diabetic patient to rely heavily on medication – unnecessarily. What can you do to curb oral

diseases and manage glucose levels?

One simple thing you can do to prevent or stop oral disease is to practice aggressive, consistent oral hygiene. That means brushing at least twice a day, flossing and

visiting a diabetically-aware dentist at least twice a year. If you currently have periodontal disease, you may need to visit one of these dentists up to four times the first year of treatment in order to remove dead and dying tissue and to treat deep, penetrating infection.



Vulnerable to Disease: Diabetes and Oral Health

periodontitis and blood glucose management.

But there are a host of oral health diseases that may complicate diabetes by . . .

- Making it more difficult for the individual to consume a healthy, fiber-rich diet
- Triggering infection and inflammation
- Directly or indirectly blocking healthy blood glucose levels

And in most cases, because of the core issues surrounding diabetes mellitus (namely poor wound healing and

inhibited immune response), those individuals are more vulnerable to the very same oral health issues that can worsen their overall health.

Below is a short list of oral health disease indicators. If you see or feel any of these symptoms in yourself, contact a DentistryForDiabetics dentist for treatment.

- Difficulty swallowing
- Dry mouth
- Cracked lips, including corners of mouth
- Loose teeth

Periodontal disease is perhaps the most oft-cited oral health disease affecting diabetic individuals. In fact, some sources refer to it as the sixth complication of diabetes mellitus.

The reason is simple. A clear connection has been drawn again and again between

Diabetes & Health:

As the diabetic patient ages, and medication becomes a greater part of his or her treatment program, the risk of developing xerostomia multiplies, as does the likelihood of