

Diabetes and Periodontal Disease... now there's something that can't be sugar-coated!

Like the periodontal diseases which are now classified into many different forms, Diabetes Mellitus (DM) comprises a group of disorders with the common characteristic of altered glucose tolerance or impaired lipid/carbohydrate metabolism. There are 12-14 million individuals with DM in the US, though half of those who have DM are unaware they are suffering from this condition. And while diabetics used to be classified by the types of medication and manner in which they controlled their problem, the American Diabetic Association now defines Type 1 DM (less common) and Type 2 DM (most common) based on the disease etiology. These "types" are defined by impaired glucose tolerance, impaired fasting glucose, and include gestational diabetes, plus others secondary to pancreatic disease, drug therapy, endocrinopathies, infections, and genetic disorders.



What's the relationship between DM and periodontal disease? Numerous studies have demonstrated that individuals with more advanced systemic complications from DM usually have a higher frequency of periodontal disease...and it is not because these individuals have more plaque and calculus. In study after study, those with poorly controlled DM - both Type 1 and Type 2 - have greater bone loss and more missing teeth than well-controlled individuals. Furthermore, uncontrolled diabetics were at risk for progressive periodontal problems including frequent dental infections and experienced poor healing.

The dental consequence of having DM is clear: make certain that your periodontal condition is treated and well-maintained. One reason for this is that the presence of advanced periodontal disease and dental infections may increase insulin resistance and contribute to a worsening of the diabetic state. It is possible for dental infections to become life-threatening to an uncontrolled diabetic.

Diabetics should take heart. As their dental problems are cared for, their glycemic control improves. As their diabetic condition comes under control, their dental problems can more easily be treated. It has been established that a well-controlled diabetic experiences the same short-term responses to periodontal therapy as non-diabetic individuals. While procedures rendered to diabetic individuals should be of shorter duration and less traumatic so as not to stress their systems, well-controlled diabetics can expect to receive "normal" care for all their dental needs, including periodontal surgeries and dental implants.

