

Recommendations for the oral-healthcare team:

what you should **know**, what you should **do**





The EFP thanks Sunstar for its support and its unrestricted grant.



Periodontitis & diabetes mellitus general facts



Diabetes and periodontitis are **chronic non-communicable** diseases, whose prevalence increases with age.



People with periodontitis **have an elevated risk** of pre-diabetes or developing type 2 diabetes.



There is a **bidirectional** (**two-way**) **relationship** between periodontitis and diabetes.



People with both diabetes and periodontitis have a **greater likelihood of more severe medical complications** (affecting eyes and kidneys) **and even death** than people with diabetes alone.



If untreated, periodontitis causes **tooth loss**.



Periodontal treatment in people with diabetes results in a significant reduction in glycated haemoglobin (HbA1c) levels three months after periodontal therapy, with emerging evidence available also for six months.



Periodontitis **is easily diagnosed and clinically controlled**. With regular high-quality supportive treatment, clinical results can be maintained.



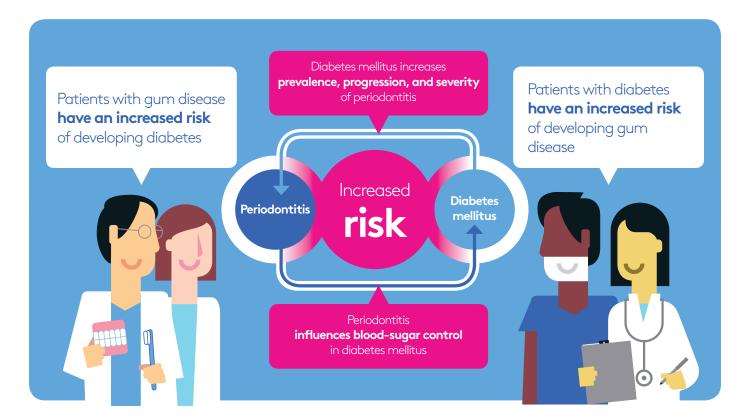
Early diagnosis, prevention, and co-management (dentists and physicians) of both diabetes and periodontitis is of utmost importance.



People with sub-optimally controlled diabetes (both type 1 and 2) suffer from increased periodontal **inflammation / destruction / breakdown**.



Successful periodontal treatment has a clinically significant effect on general health and should have a place in the treatment of people with diabetes.





Key messages for the oral-healthcare team

- Patients with diabetes may have difficulties controlling their blood-glucose levels and have a higher risk of complications.
- Oral-health education should be provided.
- Give personalised advice to your patients who suffer from diabetes.
- Individualised advice on risk factors and a tailored oral regime should be provided.
- Annual oral screening for children and adolescents.
- People without diabetes but with risk factors for type 2 diabetes should be informed of their risk and referred to a physician.
- Risks should be assessed through a questionnaire and screening carried out based upon the recommendations of the American Diabetes Association and the European Federation of Periodontology.
- Patients with either diabetes or periodontitis need lifelong professional oral care.

Gum disease requires lifelong attention and professional care.

Inform your patients!



What you should do:

- People with diabetes should be advised that they have an increased risk of gingivitis and periodontitis.
- ✓ Collect a careful history of the patient to highlight the type of diabetes and duration of disease (presence of any complication/ diabetes therapy/concomitant therapies/other medications, etc.).
- ✓ Ask your patient how well controlled their diabetes is and when they last had blood-glucose levels checked.
- ✓ Request a copy of their most recent results (HbA1c).
- ✓ A thorough oral examination should be provided (periodontal evaluation/full-mouth pocket chart/bleeding scores).
- ✓ If no periodontitis: patients with diabetes should be placed on a preventive care regime and monitored regularly.
- ✓ Patients with acute oral/periodontal infections require prompt care and should be managed without delay.
- ✓ Non-surgical periodontal therapy should be provided. It may help to improve glycaemic control.
- Surgical periodontal and implant therapy is not indicated in patients who do not have acceptable diabetes control.
- ✓ People with diabetes who have extensive tooth loss should seek dental rehabilitation to restore adequate mastication.
- ✓ Other periodontal complications such as dry and/or burning mouth should be evaluated.
- ✓ All patients should be given basic instructions on oral care including interdental cleaning.





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European Federation of **Periodontology**

Take care of your gums, control diabetes.













weight



clean your teeth twice a day