

Recommendations for medical professionals and pharmacists: 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.

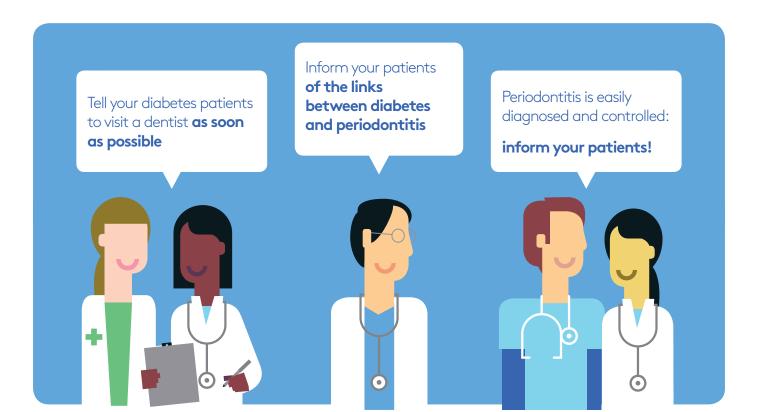


Early diagnosis, prevention, and co-management (dentists and physicians) of both diabetes and periodontitis is of utmost importance.

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.





Benefits of periodontal therapy

- Successful periodontal therapy will arrest disease progression, stabilise bone levels, diminish symptoms, and lengthen the life expectancy of teeth.
- Successful periodontal treatment reduces circulating levels of inflammatory molecules in people with diabetes.
- In people with diabetes, periodontal care (therapy) is safe and effective.
- Periodontal therapy significantly reduces HbA1c and glycaemia both in people with diabetes and in those without the disease.
- Successful gum treatment reduces blood-sugar (HbA1c) levels and could help you avoid having to take extra medication.
- May contribute to reduced diabetes-associated morbidity and mortality.

Annual periodontal check-ups are recommended for people with diabetes



What you should do:

- Oral-health education, including instructions on brushing teeth and gums and on interdental cleaning, should be provided.
- All patients with diabetes should be informed about the negative impact of periodontitis on their health, diabetes management, and increased rates of complications and mortality.
- Patients should be educated about the positive impact that successful periodontal therapy can have on their health and well-being.
- ✓ Physicians should ask about prior diagnosis of periodontal disease.
- ✓ Patients should be asked about any signs or symptoms of periodontitis.
- Investigating and considering the presence of periodontal disease should be an integral part of a diabetes-care visit.
- Physicians should ensure that the required periodontal care and maintenance are provided.
- A prompt evaluation should be recommended, and the patient should be referred to a dentist.
- All patients with newly diagnosed diabetes mellitus should receive a periodontal examination as a part of the continuing management of their diabetes.
- Patients with extensive tooth loss should pursue dental rehabilitation to restore adequate mastication for a better diet.
- If dry mouth or burning mouth are an issue, patients should be given advice by their dentist.
- Patients with diabetes have an increased risk of oral fungal infections and should be informed about this and treated if needed.
- There should be a joint collaboration between physicians and dentists in managing diabetes prior to oral interventions or oral surgery.





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European Federation of Periodontology

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