



Diabetes and Oral Health Fact Sheet

FOR PROVIDERS

OCTOBER 2017

The Challenge...

In Connecticut, 1 in 10 people have diabetes, yet 1 in 4 do not know they have the disease. The Centers for Disease Control and Prevention estimated that by 2050, 1 in 3 people will have diabetes.¹

Periodontitis has been linked to an increase in insulin resistance. Adverse outcomes in diabetes (including the increased risks of heart disease, stroke and early mortality) are more likely in the presence of periodontitis. Severe periodontitis is associated with a threefold increase in the incidence of end-stage renal disease in diabetes compared to patients who lack such disease.²

What you need to know...

Diabetes can exacerbate periodontal disease, resulting in exposed root surfaces and increasing the risk of root caries. The inflammation and increased bacteria associated with periodontal disease can increase the risk of tooth loss, as it impacts bones in the jaw and tooth socket. Conversely, the chronic inflammation resulting from active periodontal disease (gum disease) reduces a patient's insulin sensitivity, which can increase glycemic levels.³

Although true for all patients with diabetes, older adult patients can experience the dry mouth side effects of medications more severely. Among older patients with diabetes who were without their natural teeth, there was a higher prevalence of burning mouth syndrome, xerostomia, angular cheilitis, and glossitis than within the general population.⁴

Treating periodontal disease could improve glycemic control. Professional scaling and root planing reduces blood sugar level in patients with diabetes and periodontal disease. Oral screening and treatment of periodontal disease should be standard for

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patients with diabetes.

Ways You Can Help...

- Ask if your patient has diabetes.
- Confirm that your patients with diabetes practice good day-to-day dental care, and regularly schedule follow-up visits. Remind them that this is a normal part of diabetes self-management.
- Check at least annually for symptoms of gum disease (including bleeding when brushing teeth, and gums that are swollen or red).
- Actively treat gum disease and consider dental scaling or root planing as needed.
- Education should include explanation of the implications of diabetes, particularly poorly controlled diabetes, for oral health.

Different oral problems and symptoms associated with diabetes include:³

- Dry mouth
- Dental caries
- Periodontal disease/gingivitis
- Oral candidiasis (thrush)
- Burning mouth syndrome
- Taste disorders
- Red, swollen tissues and/or lesions
- Geographic tongue and grooved tongue
- Delayed wound healing/increased incidence of infection after surgery
- Salivary dysfunction/xerostomia, taste and other neurosensory disorders
- Altered tooth eruption

Footnotes:

1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC318068/?report=printable>
2. <http://bjgp.org/content/bjgp/64/619/103.full.pdf>
3. <http://link.springer.com/article/10.1007/s12020-014-0496-3>
4. <http://www.sciencedirect.com/science/article/pii/S2214623716300011>