

Diabetes: why should the dental team bother?

November is Diabetes Awareness Month and November 14 is World Diabetes Day. A few years ago, diabetes was the direct cause of 1.6 million deaths, while high blood glucose was the cause of another 2.2 million deaths.¹ The costs of diabetes worldwide have been estimated to 1.31 trillion US dollars, or 18% of the global gross domestic product, with two-thirds of the costs being direct medical costs and one-third indirect costs, for example, due to productivity loss.² These numbers clearly show that diabetes is not only a global health problem based on mortality and morbidity, but also a major problem for national economies.

Periodontal disease and diabetes share some lifestyle risk factors, e.g. smoking, and there is a two-way relationship: patients with uncontrolled diabetes have a 3-fold higher risk of developing advanced periodontitis, while untreated periodontitis further dysregulates glycemic balance. Furthermore, patients who have both diseases run a greater risk of suffering severe medical complications, e.g. vascular and renal complications, than healthy patients. A very recent, large randomised controlled clinical trial showed that effective periodontitis treatment in diabetic patients receiving standard glucose-lowering medication had a significant additive effect in lowering HbA1c blood levels, accompanied by improved vascular and kidney function as well as reduced systemic inflammation one year post-treatment.³ Indeed, the diabetes–periodontitis relationship has been known amongst the dental community for quite a few years, and we routinely inform our diabetic patients about the importance of proper periodontal treatment and healthy periodontium in regard to their diabetic status. But have we missed something? Current estimates suggest that, globally, about 425 million people over 18 years of age have diabetes;¹ that is 1 in about every 11 adults, and unfortunately about 1 of 4 diabetic patients do not know they have the disease! Then why not screen for diabetes in the dental office?

In a recent field study in USA,⁴ out of about 1000 patients screened in dental offices, 41% had an HbA1c $\geq 5.7\%$ and were referred to their physician for further testing. About 150 of those patients did further testing and one-third were confirmed with diabetes (12%) or pre-diabetes (23%)! Considering the fact that most adults in the western world go to the dentist once every year or at least every second year, the dental office offers a unique, but up to now mostly unrealised health care opportunity, to address persons at risk or identify patients with diabetes. Early diagnosis and treatment are key factors to prevent

the complications of diabetes. So, take the trouble to get started now!

Learn how to identify those at risk by a questionnaire and a screening and how to give personalised advice to your patients by following the European Federation of Periodontology (EFP) campaign for increasing awareness among the dental team and our patients, in the following link: <https://www.efp.org/publications/projects/periodontitisanddiabetes/overview/index.html>

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