

Diabetes May Be Improved by Improving Your Periodontal Health

The statistics on diabetes are staggering. There are nearly two million new diagnoses of diabetes each year. Add that to those who are prediabetic and one of three of us have this problem. And there is more data that may interest you. The health of your gums can influence your diabetes status.

We've known for years that if you're diabetic, you have a greater likelihood of periodontitis, the disease that causes bone loss around your teeth that, if uncontrolled, can result in tooth loss. The more severe the diabetes is, the greater the severity of the periodontitis. In two studies conducted on a diabetic population, periodontal bone loss was from 3 to 11 times greater in that group than in the non-diabetic group.

We have two primary cells involved in bone maintenance: the osteoblast, the cell that forms new bone, and the osteoclast, the cell that removes the old bone. One possible reason for periodontal bone loss in the diabetic is that high blood glucose itself inhibits the production of osteoblasts. High blood glucose levels also hinder the ability of the gums and bone to heal. It doesn't stop there as there is a significant association between periodontitis and your general health. In those diabetics with severe periodontitis, the mortality rate from heart disease was almost 3 times greater, and from kidney disease over 8 times greater, than in the normal population.

However, the reverse may be true as well. Good periodontal control may positively influence your general diabetic condition. Several studies of both Type 1 and Type 2 diabetics have shown a 10% reduction in HbA1c levels (a test that's commonly done to measure the average amount of glucose in the bloodstream over the previous 8-12 week period) by undergoing non-surgical periodontal therapy alone.

So let's look at what that means to you. First, everyone, but particularly the diabetic, needs a thorough assessment of his or her periodontal condition. This includes periodontal probing, x-rays, and an assessment of mobility, bleeding, pus, and other items associated with a full periodontal examination. If periodontitis is diagnosed, the next step is to treat. In most cases, you will have a thorough non-surgical scaling of the teeth below the gum line. This may involve several visits, depending on the severity of the case. This should then be followed with careful monitoring and cleaning, usually every three months. If some areas do not respond to non-surgical therapy because the disease is too far below the gum line, there are a number of surgical approaches that can be used to gain access to the disease and even help replace some or all of the lost bone support.

Periodontal disease is something that must be looked at and treated, not just to save your teeth, but maybe to save your life.

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