

Bree Workgroup on Diabetes: Draft recommendations on managing clients with diabetes and their oral health.

Dentists and Dental Clinics

- Inform patients: they are at increased risk for oral complications (dry and/or burning mouth, fungal infections, poorer wound healing) and serious systemic complications (cardiovascular and kidney disease); successful periodontal therapy may have a positive impact on these factors.
- Follow American Dental Association's recommendations on providing dental care to patients with diabetes.
- Follow International Consensus Report guidelines for management of periodontal disease among patients with diabetes
- Consult with the Patient's Primary Care Provider (PCP) prior to oral interventions and/or surgery to avoid hypoglycemia and to consider its potential impact on the patient's ability to eat (e.g. delayed wound healing). Ensure the EDR is current with lab values and medications.
- Screen patients to determine if they have been evaluated by a PCP within the past 6 months. If not, encourage the patient to schedule a recall appointment or refer them to establish care with a PCP. All patients with DM should be evaluated annually.
- Screen patients for tobacco use. Provide tobacco cessation support to patients who use tobacco or refer to a PCP.
- Offer dental rehabilitation to restore adequate mastication for proper nutrition.

Non-Dental Clinicians and Health Delivery Sites (during diabetes care visits)

- Inform patients of increased risk of serious oral and systemic complications when Periodontal Disease is untreated in patients with diabetes and that successful periodontal therapy may have a positive impact on these factors.
- For all people with newly diagnosed diabetes, ask about a prior diagnosis of Periodontal Disease. Ask all patients about signs and symptoms of Periodontal Disease (bleeding gums during brushing or eating, loose teeth, spacing or spreading of the teeth, oral malodor and/or abscesses in the gums or gingival suppuration.)
 - Positive signs or no history of periodontal exam: refer for periodontal care.
 - Negative signs: monitor for symptoms and if positive, see dentist promptly.
 - Recommend annual evaluation for all patients with diabetes, including children and adolescents.
- Correspond with dental provider to provide current lab work and medication list.

Health Plan

- If client is at risk for, or has Periodontal Disease, reimburse for full-mouth subgingival instrumentation and four supportive (periodontal) maintenance visits annually.

Patients

- Let your PCP and non-dental providers know about upcoming dental and surgical visits.
- Dental checkup annually, or more frequently if recommended.
- Quit tobacco. Ask your PCP or dentist about help quitting.
- Brush well twice a day and floss daily.
- If you notice bleeding gums, white patches, bad taste, or mouth soreness consult your dentist promptly.
- Make sure your dentures fit well and don't cause mouth pain or sores.

Recommendation	ADA recommendations	Audience	Evidence
Communication between PCP and dentist on current lab and medication plan.	Coordination with the patient's physician may be necessary to determine the patient's health status and whether planned dental treatment can be safely and effectively accomplished. ⁴² Physicians should make laboratory test results available to the dentist upon request, and inform the dentist of any diabetic complications of relevance to the individual patient prior to dental procedures. ⁴² The physician may need to adjust the patient's diabetes medication to help ensure sustained metabolic control, before, during, and after surgical procedures. ⁴	Clinicians and health Delivery sites	Rees TD. Endocrine and metabolic disorders. In: Patton LL, Glick M, editors. The ada practical guide to patients with medical conditions. 2nd ed. Hoboken, NJ: John Wiley & Sons, Inc.; 2016. p. 71-99.
Bi-directional Referrals to clinical medical care and dental care	Periodontal disease is commonly seen in people with diabetes, ²²⁻²⁴ and is considered a complication of diabetes. ^{2, 22, 23, 25, 26} The relationship between diabetes and periodontal disease is often described as being two-way or bidirectional, meaning that hyperglycemia affects oral health while periodontitis affects glycemic control (e.g., increased HbA1c). ²⁶⁻³¹ Research also suggests that periodontitis is associated with poor glycemic regulation, ^{2, 23, 28} but the evidence is inconsistent, ^{22, 23} particularly in patients with type 1 diabetes. ^{25, 28} Most research indicates an association between periodontal disease and increased risk of diabetes-related complications. ^{25, 27, 28}	Clinicians and health Delivery sites	

	<p>morning appointments are advisable for patients with diabetes since endogenous cortisol levels are typically higher at this time; because cortisol increases blood sugar levels, the risk of hypoglycemia is less.^{43, 44} For patients using short- and/or long-acting insulin therapy, appointments should be scheduled so they do not coincide with peak insulin activity, which increases the risk of hypoglycemia.⁴³ It is important to confirm that the patient has eaten normally prior to the appointment and has taken all scheduled medications.⁴³</p>		
Follow the American Dental Association Guidelines			
Patients: speak with dentist and clinician about pending oral visits		Patients	
Diabetes Dental Tips for Patients		Patients	Diabetes: Dental Tips (nih.gov) Diabetes and Oral Health ADA
Dentist and Dental Clinic Recommendations for managing patients with DM/PD		Clinicians and health Delivery sites	Scientific evidence on the links between periodontal diseases and diabetes: Consensus report and guidelines of the joint workshop on periodontal diseases and diabetes by the International Diabetes Federation and the European Federation of

			Periodontology - PubMed (nih.gov)
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· <https://www.ada.org/en/resources/research/science-and-research-institute/oral-health-topics/diabetes>

· https://diabetesjournals.org/care/article/46/Supplement_1/S19/148056/2-Classification-and-Diagnosis-of-Diabetes?searchresult=1

· <https://www.cdc.gov/diabetes/managing/diabetes-oral-health.html>