ORAL HEALTH CARE for PEOPLE with DIABETES

DENTAL EXAMINATION
(at least twice yearly)

Physician, Nurse Practitioner, Physician’s Assistant

**In an effort to focus attention on the need for better oral health care for persons with diabetes—physicians, nurse practitioners and physician’s assistants should take the following action steps:**

**Initial evaluation**
- As a component of the comprehensive diabetes evaluation, ask the patient if they have a history of dental disease.
- Inquire into the time of the last dental examination.
- Detect the presence of diabetes-related complications that require an urgent referral such as periodontal infection, gingival inflammation, dental caries, xerostomia, candidiasis, and lichen planus.
- Refer all patients with diabetes, with or without a dental care provider, for a dental examination, regardless of oral findings or complaints.

**Management**
- Advise patient they need a dental examination at least twice a year or more frequently.
- Examine the teeth and gums for plaque, gingival inflammation, and large carious lesions.
- Assess oral symptoms that require urgent referral.
- Advise patient to do a monthly self-exam and contact their dental care provider if they notice signs of infection such as sore, swollen, or bleeding gums; loose teeth; mouth ulcers; or pain.
- Urge daily brushing and flossing.

Dentist, Periodontist, Registered Dental Hygienist in Alternative Practice

**All persons with diabetes should have a comprehensive dental examination including prevention, early detection and treatment of periodontal disease. Oral health care strategies should include:**

- Consultation with primary care provider to advise of intra-oral findings and a brief outline of the patient’s dental treatment needs.
- Consideration of type and duration of diabetes; medications and treatment history; glycemic control; hypoglycemic episodes.
- Request evaluation of the patient’s glycemic control prior to elective dental treatment. Addressing glycemic control at the beginning of treatment may result in improved periodontal status, affording a more accurate assessment of actual treatment needs.

**Assessment of glycemic control (A1C)**
- If poor control, acute periodontal care; scaling and root planing; treatment of pulpal disease; re-evaluate in 2 to 3 months; request new A1C.
- If glycemic control remains poor, periodontal maintenance 3 to 4 times a year; emphasize meticulous plaque control.
- If good control, scaling and root planing; re-evaluate in 2 to 3 months; periodontal maintenance 2 to 3 times a year.
- Only when glycemic control has improved should further periodontal therapy, such as surgical care, be considered. Otherwise, the response to treatment may be less favorable.