

# 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.