

Diabetes and oral health



Study investigators have suggested that some people with periodontitis (severe gum disease) have a harder time keeping their blood sugar levels under control, whereas other people, whose blood sugar is not well controlled, may have trouble with gum disease.¹

GUM DISEASE

Plaque is a thin layer of bacteria that constantly forms on everyone's teeth. Gum disease develops when plaque causes the tissues that hold your teeth in place to become irritated and inflamed. In its early stages, it is called *gingivitis*. When you have gingivitis, your gums become red and swollen and may bleed when you brush or floss.

Periodontitis is advanced gum disease. Left untreated, periodontitis can cause tooth loss. Signs of periodontitis include the following:

- red, swollen gums that bleed easily;
- gums that have pulled away from your teeth, which then appear longer;
- pus between the teeth when the gums are pressed;
- constant bad breath or a bad taste in your mouth;
- teeth that are loose or seem to have moved;
- a change in the way your teeth fit together when you bite;
- a change in the way your partial dentures fit.

People with diabetes may be at higher risk of developing gum disease than people without diabetes.

THRUSH

People with diabetes also may be more likely to develop thrush, which is an oral fungal infection caused by the yeast *Candida albicans* (sometimes called *candida*).

Thrush appears as white and red patches on your tongue and on the insides of your cheeks. It can cause a painful, burning sensation. Here again, good oral hygiene can help you avoid thrush. If you develop thrush, your dentist may prescribe medicine to treat it.

DRY MOUTH

Another problem some people with diabetes have is dry mouth. Saliva keeps the mouth moist and reduces the risk of developing tooth decay. It bathes the teeth in fluoride, which helps strengthen enamel—the hard protective, outer layer of the tooth. Saliva rinses loose food and debris from the mouth. Saliva also helps combat the cavity-causing acids produced by plaque.² Dry mouth also can promote the overgrowth of candida,

contributing to thrush. Talk to your dentist about ways to manage dry mouth.

WOUND HEALING

When it is not well controlled, diabetes also can slow the process of wound healing. This means that if you have diabetes, it may take longer for you to heal after dental treatments such as having a tooth removed or any other oral surgery.

HOW CAN I IMPROVE MY ORAL HEALTH?

Maintaining good glycemic control and taking care of your teeth and gums every day will go a long way toward keeping you and your mouth healthy. Brush your teeth twice a day with a soft-bristled brush and a fluoride-containing toothpaste. Clean between your teeth at least once a day using dental floss or another product made specifically to clean between the teeth like prethreaded flossers, tiny brushes that reach between the teeth, water flossers, or wooden plaque removers.

Cleaning between your teeth once a day helps remove plaque from between your teeth—a space your toothbrush cannot reach.

In addition, you should see your dentist on a regular basis for professional cleanings and checkups. Be sure to tell your dentist about your diabetes as well as all other health concerns you have and medications you take. You and your dentist can aim for planning your treatment at a time that works well regarding your meals and medications needed to manage your diabetes. Encourage your dentist and physician to work together. As a team, the 3 of you can work toward achieving your best oral health and overall health. ■

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“For the Patient” provides general information on dental treatments. It is designed to prompt discussion between dentist and patient about treatment options and does not substitute for the dentist's professional assessment based on the individual patient's needs and desires.

1. Borgnakke WS, Ylostalo PV, Taylor GW, Genco RJ. Effect of periodontal disease on diabetes: systematic review of epidemiologic observational evidence. *J Clin Periodontol*. 2013;40(suppl 14):S135-S152.

2. Stookey GK. The effect of saliva on dental caries. *JADA*. 2008;139(5):11S-17S.