Clinical Implications Of Treating PWD

Xerostomia-
  • Antihypertensive Medications
  • Hyperglycemic xerostomia
  • Neuropathic Association?

Clinical Significance:
  Caries
  Mucositis
  Impaired Denture Retention
  Candida Infection
Dry Mouth / Xerostomia in PWD

Indicators

- Feeling of dryness of oral mucosal surfaces
- Sensitive mucosa
- Dry lips/tongue
- Bad breath

Causes difficulty in:

- Mastication
- Swallowing
- Speaking
- Solubilizing food components
- Tasting

*Adapted from ADEA Curriculum Resource Center- presentation on Older Adults
Xerostomia (Dry Mouth)

Avoid-
• Smoking
• Alcohol-based mouthwash*
• Caffeine (incl. chocolate)
• Mint

Encourage-
• Frequent sips of H₂O
• Chew on sugarless gum
• Salese lozenges
• Xylimelts oral discs
• Oramoist dry mouth patch
• Hydris Dry Mouth Oral Rinse

*Use antimicrobial rinse with CPC. (Colgate Total 12 Hour Pro-Shield®)
Clinical Implications Of Treating PWD

Root Caries

Occlusal Caries
Clinical Implications Of Treating PWD

Candida Albicans
Candida Infection

Hard Palate
Clinical Implications Of Treating PWD

Reticular Lichen Planus

Aphthous Stomatitis
Angular Cheilitis-Mucositis

Burning Mouth Syndrome
Dental Erosion
16 year-old female with Type 1 DM

Diabulimia
Oral Hygiene measures:

• Be aware of the effect of toothbrushing immediately following acid exposure.

• Use neutral-sodium fluoride rinse (Prevident) immediately.

• Use soft toothbrushes, low abrasive toothpaste

• Correct brushing technique

• Once or twice weekly topical fluoride applications with high concentrated gels

Lussi A. et al., 1996
Clinical Implications Of Treating PWD

• Obstructive Sleep Apnea - Commonly with ↑ BMI
  Oral Appliance Therapy
The Coordinated Care Model

- New strategies for detection & screening of Pre-diabetes and Diabetes Mellitus.

Currently Dental Offices Involved With:

- Hypertension Screening
- Smoking Cessation
- Cancer Screening
- Nutritional Counseling (Caries Control)
- Obstructive Sleep Apnea/Snoring
- Botox

Why Not Screening For DM and Pre-diabetes?
“Because periodontal disease is associated with diabetes, the utility of screening in a dental setting and referral to primary care as a means to improve the diagnosis of prediabetes and diabetes has been explored, with one study estimating that 30% of patients >30 years of age seen in general dental practices had dysglycemia.”
Code Maintenance Committee
March 2017 Meeting

“HbA1c in-office point of service testing.
This code is to be used when drawing a blood sample and performing point of service analysis of the sample by a dentist.”

Effective January 1, 2018
When dentists should refer to physicians

When patients tell you:
• They have not had a physicians visit in the past 3-4 months.
• They have classic symptoms of Diabetes.
• They don’t remember when their most recent HbA1C was taken.
• Their self-monitoring test results are usually elevated.
• They have stopped taking some/all of their medications.
• They no longer self-monitor their BG.
• They have not had a dilated eye exam in the past year.
• They have not had a foot examination in the past year.

When patients have:
• Elevated blood pressure.
• Elevated BMI.
• Elevated HbA1C after screening.
• A positive biopsy of a suspicious oral lesion.
## Dental Referral to Medical Provider

### Dental Risks:
- Periodontal Disease:
  - Gingivitis (Type I) □
  - Early Periodontitis (Type II) □
  - Moderate Periodontitis (Type III) □
  - Severe Periodontitis (Type IV) □

- Missing Teeth: _____
- Caries Index: ___
- Bleeding Gums: ___
- Dry Mouth: _____

- Frequency of Recall Visits: ___
- Home Compliance: _______

### Relevant Oral History:

### Next Appointment: ____________

---

### Health Provider Update

- **Diagnosis:** ____________________________

- **Proposed Treatment Plan:** ____________________________

- **Next Appointment:** ____________________________

---

### Dentist Name: ____________________________

- **Signature:** ____________________________
- **Date:** ________

---

### Dentist Name: ____________________________

- **Signature:** ____________________________
- **Date:** ________
When physicians/DE should refer PWD to dentists.

• Right after the initial diagnosis of Diabetes Mellitus.

• When the gums, tongue, cheeks, or floor of mouth appear red.

• When spontaneous bleeding/pus is noticed around gums.

• After determining that more than 3-4 months has elapsed since last dental maintenance visit.

• When there are loose, or missing teeth.

• When there are complaints of pain, burning, or swelling.

• When you are able to see the root surfaces of many teeth.

• When the biting surfaces/sides of teeth appear broken, brown, or black.
Diabetes Referral Form for Oral Health Care

Reason for Referral: [ ] Routine Care [ ] Urgent Issues

<table>
<thead>
<tr>
<th>Diabetes Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Diagnosis: ___</td>
</tr>
<tr>
<td>Type of Diabetes:</td>
</tr>
<tr>
<td>Type 1 [ ]</td>
</tr>
<tr>
<td>Type 2 [ ]</td>
</tr>
<tr>
<td>Gestational [ ]</td>
</tr>
<tr>
<td>Hemoglobin A1C: _____</td>
</tr>
<tr>
<td>Date: ___</td>
</tr>
<tr>
<td>Height: ___</td>
</tr>
<tr>
<td>Weight: ___</td>
</tr>
<tr>
<td>BMI: ___</td>
</tr>
</tbody>
</table>

Co-Medical Conditions: [ ] Hypertension [ ] Cardiac Disease [ ] Hyperlipidemia [ ] Kidney Disease [ ]

Complications: [ ] Peripheral Neuropathy [ ] Renal Insufficiency [ ] Retinopathy [ ]

Diabetes Medications: 

<table>
<thead>
<tr>
<th>Dentist Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis: ____________________________________________________________</td>
</tr>
</tbody>
</table>

| Management Plan: _______________________________________________________ |

| Follow up Appointment: ____________________________ |

| Dentist Name: __________________________ Signature: __________________ Date: __________ |


Summary

• The number of people living with diabetes will increase significantly in the future

• The complications associated with diabetes can be directly linked to the level of glycemic control achieved

• Dental professionals have an important role to play in the recognition, identification and management of the diabetic patient

• Medical and dental professionals must work together to achieve the best results for people with diabetes and the community
THANK YOU
ALL SO MUCH!!!

Jerry A Brown DMD, CDE
jabrown7@health.usf.edu
727-743-4696