

Considerations for Treating the Dental Patient with Diabetes.

Chances are that you are treating patients with diabetes. With 6.2% of the US population having diabetes, you can expect to have more than 120 diabetic patient visits per year.

This includes the 5% of diabetic patients who are Type 1 and the 95% who are Type 2. And the incidence of diabetes is growing dramatically.

The patient's condition may affect the timing and advisability of any particular dental procedure. That's why we've created the treatment considerations located on the back. We ask that you take a few minutes to familiarize yourself and your staff with these considerations:

Patients with well-controlled diabetes can often be treated in similar ways as non-diabetic patients. Nevertheless, patients with diabetes often do have special needs.

- **Place emphasis on soft tissue management.**

Given the propensity of patients with diabetes to develop infections, aggressive soft tissue management may be indicated.

- **Establish a more frequent recall schedule, if indicated.**

Consider a 3-4 month recall cycle for checkups and cleanings to keep gingivitis in check.

- **Emphasize proper home care.**

Proper home care is important, including brushing twice a day and cleaning between teeth daily with floss or interdental cleaners.

- **Patients with diabetes are known to have greater incidence of gingivitis.**

There are products, such as toothpaste and mouthrinse, that have been shown to be effective in reducing plaque and gingivitis.* Your patients with diabetes may benefit from these products.

Colgate and the ADA are creating a special kit to help you care for your patients with diabetes. Look for these new materials in the coming months. Because taking better care of your patients with diabetes means taking care of your practice.

*In healthy patients

See Considerations for Treating the Dental Patient with Diabetes on back.

CONSIDERATIONS FOR TREATING THE DENTAL PATIENT WITH DIABETES

Type of Dental Procedure	Considerations
<p>General Guidelines</p> <p>In your work-up, make sure that you and your staff understand the patient's blood glucose status. Is the patient's diabetes well controlled, or not?</p> <p>(The answer may affect the timing and advisability of any particular dental procedure. Consult with the patient's physician as appropriate.)</p>	<p>A MORE FREQUENT RECALL SCHEDULE, IF INDICATED</p> <ul style="list-style-type: none"> ■ Consider a 3-4 month cycle for checkups (and cleanings) to keep gingivitis and periodontitis in check <p>EMPHASIS ON SOFT TISSUE MANAGEMENT</p> <ul style="list-style-type: none"> ■ Scaling and root planing as indicated ■ Antibiotic treatment where indicated <p>EMPHASIS ON HOME CARE</p> <ul style="list-style-type: none"> ■ Brush teeth twice a day and clean between teeth daily with floss or interdental cleaner per dentist instructions ■ Consider recommending products, such as toothpaste and mouthrinse, that have been shown to be effective in reducing plaque and gingivitis* ■ In-office hygiene training
<p>Non-Surgical Procedures, such as</p> <ul style="list-style-type: none"> ● Periodontal debridement ● Restorative procedures ● Fixed and removable prosthetics procedures ● Orthodontic adjustments ● Scaling and root planing ● Prophylaxis ● Intracanal endodontics ● Fluoride treatments ● Impressions ● Local anesthesia injections ● Intraoral radiographs 	<p>MORNING APPOINTMENTS — OR WHENEVER INSULIN IS AT ITS PEAK</p> <ul style="list-style-type: none"> ■ Diabetic patients are often more stable and better able to tolerate dental procedures in the morning ■ Shorter, rather than longer, appointments are often better tolerated <p>TREATMENT BREAKS</p> <ul style="list-style-type: none"> ■ Use of the bathroom ■ Availability of small snacks
<p>Surgical Procedures, such as</p> <ul style="list-style-type: none"> ● Extractions ● Periodontal surgery ● Implants 	<p>MORNING APPOINTMENTS — OR WHENEVER INSULIN IS AT ITS PEAK</p> <ul style="list-style-type: none"> ■ Diabetic patients are often more stable and better able to tolerate dental procedures in the morning ■ Shorter, rather than longer, appointments are often better tolerated <p>TREATMENT BREAKS</p> <ul style="list-style-type: none"> ■ Use of the bathroom ■ Availability of small snacks <p>ANTIBIOTIC COVERAGE</p> <ul style="list-style-type: none"> ■ Possibly test plasma glucose levels ■ Consider systemic antibiotics for uncontrolled diabetic patients who have frequent infections or heal poorly <p>PATIENT/PHYSICIAN DISCUSSION</p> <ul style="list-style-type: none"> ■ If oral surgery is planned, discuss with patient or patient's physician about meal schedule and timing/dosage of insulin

*In healthy patients



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