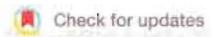


Can diabetes affect my oral health?



If you have diabetes, it is recommended that you see your dentist regularly.¹ People with diabetes are at a higher risk of experiencing oral health problems such as gum disease, dry mouth, cavities, and thrush.

The risk of these things may be greater in people with diabetes because of changes in blood glucose levels, medications used to manage diabetes, and the body's response to infection.

GUM DISEASE

Gum disease (gingivitis) is an infection below the gum line along your teeth. Anyone can develop gum disease, but it occurs more often and may be worse in people with diabetes.¹ It also seems that gum disease may affect diabetes. Some researchers suggest that gum disease may make it harder for people with diabetes to control their blood glucose levels.²

Gum disease develops when a thin layer of bacteria, called plaque, collects along the gum line. If you do not remove it by brushing twice a day and cleaning between your teeth once a day, you can develop gum disease. If plaque is not removed, it can harden into tartar, which can trap plaque even farther below the gum line. The only way to remove tartar, and the plaque beneath it, is by a professional cleaning at the dental office.

When you have gum disease, your gums pull away from your teeth. They become swollen and tender and may bleed. In serious cases, your teeth can become loose and may even fall out or need to be pulled.

People with diabetes are at increased risk of developing gum disease, in part, because of the way their bodies react to infections. When an infection develops in people with diabetes, the swelling that occurs is greater than in people who do not have diabetes. This swelling can damage the gums and jaw bone beneath.³

DRY MOUTH AND CAVITIES

When you have diabetes, you may take a number of medications. Any of these medications may cause dry mouth. In addition to being uncomfortable, dry mouth can cause bad breath, sore tongue or throat, and trouble chewing, speaking, or swallowing.⁴

If you wear dentures, you might notice a difference in the way the dentures fit when your mouth is dry. Poorly fitting dentures can cause mouth sores, which may heal more slowly because of your diabetes.

If you have diabetes, you also may be more likely to get new cavities or to develop cavities under fillings you already have.² Brushing your teeth twice a day with a toothpaste that has fluoride and cleaning between your teeth once a day may help lower the risk of getting cavities. Fluoride is important. It strengthens teeth and helps prevent cavities.

THRUSH

Thrush is a type of yeast infection, and people with diabetes are at greater risk of getting thrush. It appears as white and red patches on your tongue and the insides of your cheeks. It can

Box: What can you do to protect your oral health?

- Keep your blood glucose at a healthy level. Blood glucose levels that go up and down can increase your risk of experiencing oral health problems.
- Brush your teeth twice a day with a toothpaste that has fluoride.
- Clean between your teeth daily with floss or another interdental cleaner.
- See your dentist regularly. Tell him or her about your diabetes and all medicines you take.

cause a painful, burning feeling. Your dentist may give you an antifungal medicine to treat thrush.

The fungus that causes thrush also can attach to dentures, making the infection worse. If you wear dentures and develop thrush, it is important to clean your dentures as directed by your dentist.

CONCLUSION

Diabetes can affect your mouth in other ways as well, and it can make it difficult for you to heal after certain dental treatments or if oral sores develop. For these reasons, it is important to keep your mouth healthy (box) and to visit your dentist regularly. ■

<https://doi.org/10.1016/j.adaj.2018.01.032>

Prepared by Anita M. Mark, senior scientific content specialist, ADA Science Institute, American Dental Association, Chicago, IL.

Disclosure. Ms. Mark did not report any disclosures.

Copyright © 2018 American Dental Association. Unlike other portions of JADA, the print and online versions of this page may be reproduced as a handout for patients without reprint permission from the ADA Publishing Division. Any other use, copying, or distribution of this material, whether in printed or electronic form, including the copying and posting of this material on a website, is prohibited without prior written consent of the ADA Publishing Division.

"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.

You can find more information for patients at ADAcatalog.org or at MouthHealthy.org.

1. American Diabetes Association. 3. Comprehensive medical evaluation and assessment of comorbidities: standards of medical care in diabetes-2018. *Diabetes Care*. 2018; 41(suppl 1):S28-S37.

2. Ship JA. Diabetes and oral health: an overview. *JADA*. 2003;134(special number): 4S-10S.

3. Mesia R, Gholami F, Huang H, et al. Systemic inflammatory responses in patients with type 2 diabetes with chronic periodontitis. *BMJ Open Diabetes Res Care*. 2016;4(1):e000260.

4. Plemons JM, Al-Hashimi I, Marek CL. American Dental Association Council on Scientific Affairs. Managing xerostomia and salivary gland hypofunction: executive summary of a report from the American Dental Association Council on Scientific Affairs. *JADA*. 2014;145(8):867-873.