NORTHSIDE DENTAL AND IMPLANT CENTRE
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NEWSLETTER

DIABETES AND GUM DISEASE

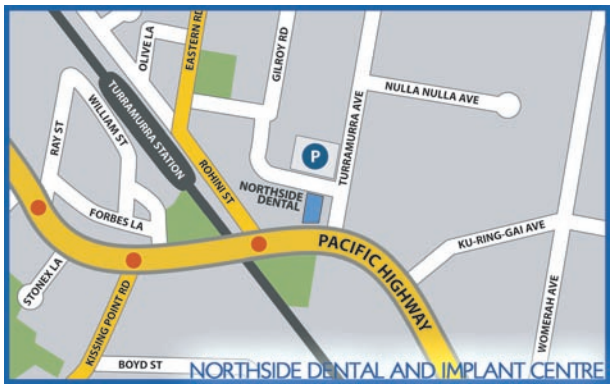
Diabetes mellitus is a chronic endocrine disorder affecting carbohydrate, fat and protein metabolism. It is caused by inherited and or acquired deficiency in production of insulin by the pancreas, or by the reduced effectiveness of the insulin produced. Such a deficiency results in increased concentrations of glucose in the blood, which in turn damage many of the body's systems, in particular the blood vessels and nerves (World Health Organisation 2002).

In Australia the prevalence of type 2 diabetes has doubled over the past 20 years. Research has confirmed that people with diabetes are more likely to have gingivitis (inflamation of the gums) and periodontal disease (destructive breakdown of tooth supporting tissue), particularly when diabetes is poorly controlled. Recent evidence suggests that periodontal disease may make it more difficult for people to control their diabetes.

Research shows that the relationship between periodontal disease and diabetes goes both ways. Not only do people with diabetes have more severe periodontal disease, but periodontal disease may make it more difficult for people who have diabetes to control the condition.

Diabetes and periodontal disease are also related in children and adolescents. Diabetes has been identified as a risk factor for periodontal disease destruction in 6-11 year old children, but becomes an even more important risk factor after 12 years of age.

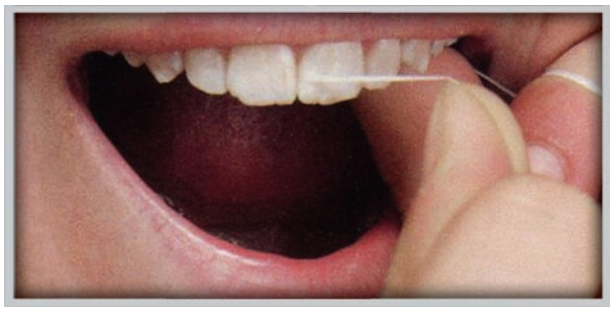
Close monitoring of the periodontal condition of women with a history of gestational diabetes



is recommended, as they are at higher risk of developing type 2 diabetes later in life. Regular dental monitoring is important, as well as proper brushing and flossing.

FLOSSING

Flossing is an integral part of any oral hygiene regime as dental floss or tape will reach into areas not accessible to tooth brushing. The correct technique is to gently guide the tape between the teeth with a smooth sawing motion. Take care not to snap the floss into the gums. Once through the contact points of the teeth, gently scrape each tooth using an up and down motion, again taking care not to snap the floss into the gums.



SALIVA

Saliva performs a variety of important roles within the oral cavity. The functions of saliva include:

- Lubrication for swallowing and speech.
- Assisting the sense of taste.
- Maintenance of tissue health through growth factors which promote healing.
- Assist in digestion.
- Dilution and clearing of material from the oral cavity.
- Buffering acids from dental plaque.
- Serving as a reservoir for ions for tooth remineralisation.
- Controlling the oral microflora through immunological, enzymic, peptide and chemical mediators.

Salivary dysfunction is a common problem. Dry mouth (xerostomia) may be associated with a specific medical disorder, or more commonly medication use. Salivary dysfunction is particularly common in the elderly due to delayed metabolism and clearance of drugs by the liver and kidney respectively.

COMMON CAUSES OF DRY MOUTH:

Dehydration caused by inadequate fluid intake, physical activity,swimming, outdoor occupation, travelling, caffeine(cola drinks, coffee, tea etc), alcohol, polyuria in uncontrolled diabetes.

Saliva Gland Pathology following radiotherapy to the head and neck, Primary Sjogrens syndrome, Connective tissue diseases including (rheumatoid arthritis, sarcoidosis, SLE, scleroderma, dermatomyositis, polymyositis and graft-vs-host disease in bone marrow transplant recipients.

SIGNS OF DRY MOUTH

Hard Tissue Changes: Increased rate of decay, dental erosion, sensitive teeth, failure to form calculus in the lower incisor region, increased plaque accumulation on the teeth.

SOFT TISSUE CHANGES:

Dryness of the border of the lip, dryness of the oral mucosa, cratering on the tongue, increased plaque formation on the tongue, oral fungal infections, absence of saliva in response to gland palpation.

Medications that may cause dry mouth:

Narcotic analgesics, anti-convulsants, anti-emetics, anti-nauseants, anti-Parkinsonian agents, anti-psychotics, diuretics, MAO inhibitors, anti-pruritics, anti-histamines, anti-hypertensives, anti-spasmotics, systemic bronchodilators, skeletal muscle relaxants, cardiac antiarrhythmics, decongestants, anxiolytics, expectorants, tranquillizers, sedatives, anti-neoplastic agents.

WHEELCHAIR ACCESS & HOIST TRANSFERS

With the introduction of a hoist to the practice, treatment for patients in a wheelchair has never been easier. Patients may now be easily transferred from a wheelchair into a dental chair to receive optimal dental care, without risk of injury to staff or carers.

Should you require the use of a hoist, please arrive 30 minutes prior to your appointment time.

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