Diabetes and Dental Health

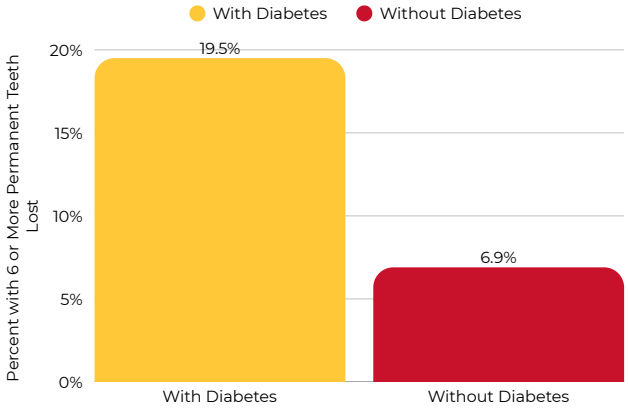
A Call for Greater Medical and Dental Collaboration

Maryland
DEPARTMENT OF HEALTH

Diabetes affects the whole body, including the mouth. People with diabetes are more likely to have gum disease, which can make it harder to control blood sugar (Taylor and Borgnakke, 2008; Preshaw et. al., 2012). This indicates that problems in the mouth and body are closely linked.

Diabetes is a complex chronic disease whose management demands a coordinated approach across disciplines. Experts recommend that doctors and dentists work together to better manage diabetes care. (Mealey and Oates, 2006; Chapple et al., 2013). Proper management of oral disease can help improve overall diabetes care.

Adults with Diabetes Experience Significantly More Tooth Loss

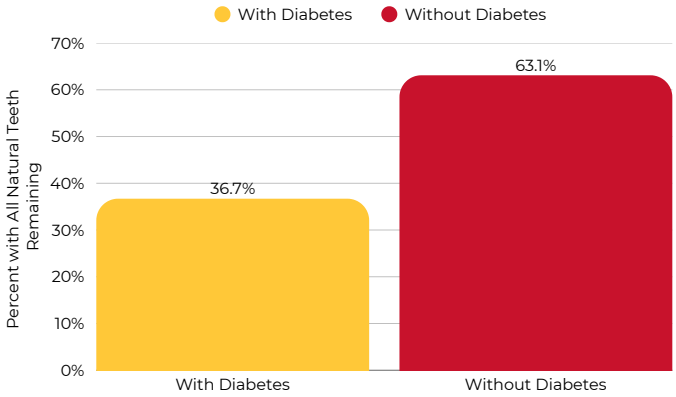


The findings below show some of the ways diabetes and dental health are connected.

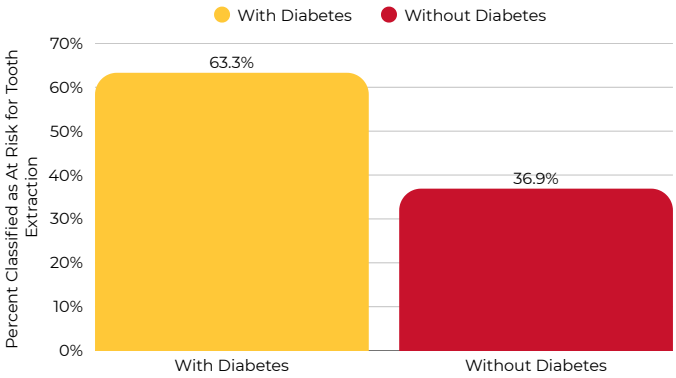
Tooth Loss is Significantly Worse Among Adults with Diabetes

Adults with diabetes experience much higher rates of permanent tooth loss: 19.5% have lost six or more teeth, nearly triple the rate of those without diabetes (**6.9%**). Total tooth loss (edentulism) is also starkly higher at **7.7%** compared to **2.4%**. Only **36.7%** of individuals with diabetes kept all their teeth, compared to **63.1%** of those without diabetes.

Fewer Adults with Diabetes Retain All Their Teeth



Risk of Tooth Extraction is Higher Among Adults with Diabetes

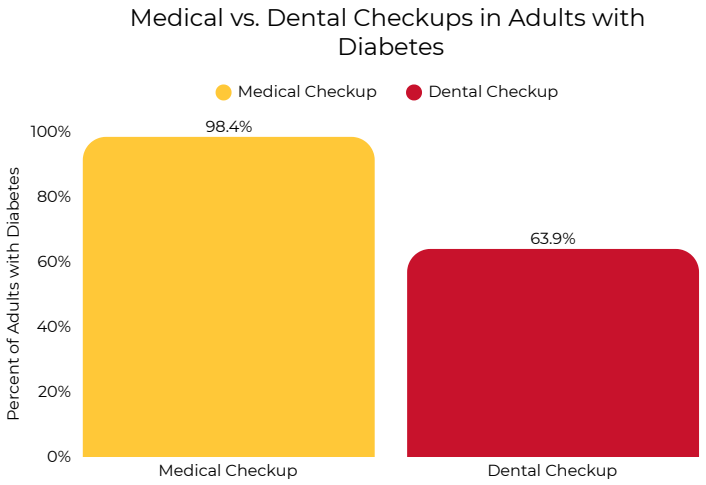


Diabetes Doubles the Risk of Tooth Extraction

A striking **63.3%** of people with diabetes are classified as at risk for tooth extraction, compared to just **36.9%** of those without diabetes.

Medical Visits are Frequent for People with Diabetics – But Dental Visits Lag Behind

While **98.4%** of adults with diabetes had a medical checkup in the past year, only **63.9%** of individuals with diabetes received a dental checkup. While the connection between diabetes and dental health becomes more and more obvious, our systems continue to treat them in isolation. **As front-line providers, we must bridge this gap.**



What This Means for You

This disparity underscores the need for medical and dental collaboration. When medical and dental providers work together, they can detect problems earlier, deliver more comprehensive care, and reinforce consistent health messages. This improves both medical and dental care, leading to better patient outcomes. Coordinated care also improves patient engagement and can reduce long-term healthcare costs. Ultimately, managing diabetes effectively requires a team-based approach that includes both medical and dental professionals.

What You Can Do

Primary Care Providers:

- Incorporate dental screenings into diabetes visits.
- Routinely refer patients for dental care, especially if oral symptoms are reported.
- Educate patients that managing diabetes requires both medical and dental attention.

Dentists:

- Screen for diabetes risk factors (e.g., periodontal disease, delayed healing).
- Communicate findings with PCPs when oral issues may signal poor glycemic control.
- Emphasize to patients the role of oral health in systemic disease management.

The Path Forward: Shared Responsibility

Let's stop talking about siloed care and move beyond it. Diabetes is a whole-body disease, and oral health cannot be separated from its management. Through referrals, shared records, co-management protocols, and patient education, we will not only improve quality of life but also reduce complications and healthcare costs. Let's work together to close this gap for healthier mouths and healthier lives.

For more, visit health.maryland.gov/oral-health.

Citations:

- Maryland Behavioral Risk Factor Surveillance System *(BRFSS 2022)*
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- Mealey, B. L., & Oates, T. W. (2006). Diabetes mellitus and periodontal diseases. *Journal of Periodontology, 77*(8), 1289–1303. https://doi.org/10.1902/jop.2006.050459
- Chapple, I. L., & Genco, R. J. (2013). Diabetes and periodontal diseases: Consensus report of the Joint EFP/AAP Workshop. *Journal of Clinical Periodontology, 40*(Suppl 14), S106–S112. https://doi.org/10.1111/jcpe.12077