

Increased Risk of Diabetes in Elder Patients Indicates to Tooth Loss

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Abstract

Diabetes patients are aware of the disease's potential for injury to the heart, kidneys, eyes, nerves, and other vital bodily systems. Diabetes may affect your dental health also. Diabetes increases a person's risk of developing periodontal disease, an inflammation of the bone and gums that support the teeth. Pain, persistent foul breath, difficulty eating, and even tooth loss are all symptoms of periodontal disease. Diabetes can impede the treatment of periodontal disease by slowing the healing process. In addition to these issues, diabetes can also lead to dry mouth and thrush, a painful fungal infection that forms white spots in the mouth. Lack of saliva, the substance that keeps your mouth moist, causes dry mouth. Dry mouth can lead to tooth decay, discomfort, ulcers, infections, and so on. Smoking exacerbates these issues. Furthermore, diabetes may raise the amount of sugar (glucose) in your saliva. When these issues come together, thrush could result.

Keywords: Diabetes; Periodontal disease; Foul breath; Healing process; Fungal infection

Introduction

Causes

You are more prone to experience oral health issues if you don't have your diabetes under control. Additionally, gum disease may make it more difficult for you to manage your blood sugar.

Symptoms

Make sure to periodically examine your mouth for any issues if you have diabetes. When brushing and flossing, some people experience bleeding and swollen gums. Others observe dryness, discomfort, white spots, or an unpleasant aftertaste [1]. These are all good reasons to see a dentist. According to a systematic review that was published in BMC Endocrine Disorders, older adults may have a higher risk of developing diabetes and suffering negative diabetes-related outcomes if they lose their teeth.

According to Susan Hyde, DDS, MPH, PhD, professor in the department of preventive and restorative sciences, division of oral epidemiology and dental public health at the University of California, San Francisco, School of Dentistry, and colleagues, "all studies included in this review, with the exception of one, consistently demonstrated a significant association between tooth loss and diabetes-related outcomes in older adults [2, 3]." In older adults with diabetes, this review's findings that retained teeth are negatively connected with HbA1c support earlier findings that those with high HbA1c have worse periodontal health and fewer teeth than those without the disease. This review supported the results of investigations into the connection between metabolic syndrome and tooth loss.

The relationship between tooth loss and diabetes morbidity and mortality in persons 50 years of age and older was the subject of a comprehensive evaluation of cross-sectional, case-control, cohort, and controlled studies. 13 observational studies total, 8 cross-sectional studies, 5 cohort studies, were included in the review [4]. One study with the outcome of diabetes incidence came to the conclusion that missing 25 or more teeth was associated with an increased risk for the disease, and another study found that missing nine or more teeth was also associated with an increased risk [5, 6]. In two other investigations, a larger prevalence of diabetes was linked to a shifting bite and eight or more teeth missing. The prevalence of diabetes was shown to be 11% lower for those who lost more teeth than fewer in one study, but not

significantly different from neither in the other.

Two studies found a link between tooth loss and an increased risk of metabolic syndrome and diabetic retinopathy (OR = 1.45; 95% CI, 1.1-1.91). Regardless of whether a person has diabetes, having more healthy teeth was linked to a lower risk of heart disease in one study (OR = 0.96; 95% CI, 0.926-0.998) [7, 8]. Another study found that among older adults with diabetes, missing any teeth was linked to worse health-related outcomes (OR = 1.25; 95% CI, 1.13-1.37). According to one study, people with chronic kidney disease and more than 25 remaining teeth had a lower risk of dying than people with only 25 teeth left. Another study, however, discovered no connection between the number of teeth and death among diabetic men.

Due to the paucity of prior study on the subject and the moderate quality of the evidence, the researchers advised care when evaluating their conclusions [9]. However, they went on to say that dentists and other medical professionals had to pay more attention to links between tooth loss and unfavourable health consequences [10]. According to the researchers, "medical care providers should incorporate oral health and dental care-related messaging during their patient contacts, and dental care providers should include broader diabetes-related medical care and self-care messaging in their patient assessments and teaching."

Conclusion

The type of condition you have will determine your treatment. A dentist must treat people with periodontal disease, who may have to have their teeth thoroughly cleaned or have gum surgery recommended to them by a periodontist. Additionally, a unique mouthwash may be suggested by the dentist. An antifungal medication may be prescribed by a dentist or physician to treat the symptoms of thrush. For cleaning dentures, you might additionally require a unique solution.

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Received: 24-Oct-2022, Manuscript No: JOHH-22-81309, **Editor assigned:** 26-Oct-2022, PreQC No: JOHH-22-81309(PQ), **Reviewed:** 09-Nov-2022, QC No: JOHH-22-81309, **Revised:** 14-Nov-2022, Manuscript No: JOHH-22-81309(R), **Published:** 21-Nov-2022, DOI: 10.4172/2332-0702.1000347

Citation: Agarwal M (2022) Increased Risk of Diabetes in Elder Patients Indicates to Tooth Loss. J Oral Hyg Health 10: 347.

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