

# Periodontal Disease in Diabetic Animals

All right, I know that first bit did not have much to do with dentistry. Here is a tip I picked up at the Annual Dental Forum in New Orleans last fall that is relevant to veterinary dentists and general practitioners.

The keynote address on Periodontal Disease was delivered by an RD (real dentist) and professor of Periodontology. He pointed out that diabetes is a risk factor for periodontal disease. This was not news to anyone in the room. I think we all know that diabetics are at greater risk of periodontal disease due to a number of factors. Therefore, diabetics, especially poorly controlled ones, tend to have more advanced and progressive periodontal disease. They do not respond as well to treatment as “healthy” animals and so can be frustrating to deal with.

Extraction of “borderline” teeth is often prudent in the diabetic patient.

The other side of the coin, which I had not been aware of, is that periodontal disease makes diabetes harder to manage. The infection and inflammation attendant with periodontal disease is a stress on the body. Such stresses increase metabolic need and affect a variety of endocrine systems. Without going into detail, the short message is that periodontal disease is a confounding factor in the management of diabetes.

## Diabetes ↔ Periodontal Disease

Based on the above inter-relationship, we draw the following conclusion and can make the following recommendation.

- Diabetics not only *need* more periodontal treatment, they also *benefit* from it more
- Two weeks after periodontal treatment, the glucose curve should be repeated as the patients will often require a lower dose of insulin and will be easier to stabilize.

This flies in the face of what seems to be the conventional wisdom. I have often heard of patients being denied periodontal therapy on the basis that they are not great anesthetic risks. While I agree that diabetics have increased risk compared to “healthy” patients, they also stand to benefit more from appropriate treatment. Therefore, plan to make thorough and aggressive periodontal treatment part of your standard diabetic protocol. As always, I would be only too glad to help you with the periodontal management of these patients.