

Proper oral care can lead to better management of diabetes

By Deb Utacia Krol, Native Health News Alliance; © Native Health News Alliance

Jeanne Eder Rhodes didn't realize how the simple acts of regularly brushing and flossing her teeth could lead to better health for diabetics.

Rhodes, 66, who recently retired as head of the University of Alaska's history department, was diagnosed with type 2 diabetes in 1998.

"I didn't learn about the importance of oral care until 2004," says Rhodes, a Dakota Sioux from the Fort Peck Reservation in Montana. "My dentist said that he could tell how my diabetes was doing just by examining my teeth. That's when I started paying attention to my gums and teeth."

Oral health and diabetes experts universally agree that proper oral care is an essential tool in managing diabetes. The American Diabetes Association (ADA) reports in its online journal that "periodontal treatment leads to an improvement of glycemic [blood sugar] control in type 2 diabetic patients for at least three months."

In a population where one-third of all Native diabetics and 25 percent of all American Indians and Alaska Natives age 65 and older have lost all their teeth, maintaining good oral health is vital to the health of all Native people.

Too many Natives, however, are not seeing a dentist regularly.

"Just as you have to get an annual physical examination, you also need to get a dental examination," said Dr. Anh Thu Becker, a dentist at Native Health, a Phoenix community health facility that serves many Phoenix-area Native people. "Most people think 'if it doesn't hurt, I don't have a problem.'"

Dr. Alex Cota, a dentist with Sun Life Family Health Centers in Sun City, Ariz., says he can tell a new patient has diabetes with just a simple diagnostic instrument – his nose.

"A basic sign of diabetes is breath that smells like a rotten apple," said Cota.

Reduced resources in communities served primarily by Indian Health Service

facilities also can contribute to less oral care. IHS is aware of the connection, though, and it offers information for both patients and providers on including oral care education and evaluation in diabetes management programs.

However, "by the time people have symptoms (like inflamed and bleeding gums)," Becker says, "it's too late to prevent periodontal disease" and the possibility of bone and tooth loss that can result from delaying treatment.

Cota adds that bone loss is especially worrisome for diabetics as dentures are harder to fit. Also, he warns diabetic patients that gum care is still a priority even after losing healthy teeth to periodontal disease as a fungal infection known as candidosis can occur.

Failing to maintain good oral health has other pitfalls for diabetics.

"Because diabetes lowers a patient's resistance to infection, periodontal disease is harder to treat in diabetics," Becker says. "Uncontrolled blood glucose is very worrisome."

In fact, chronic inflammation, such as uncontrolled gum diseases coupled with diabetes, also contributes to a host of other diseases linked to diabetes, such as thrush, canker sores and eventually, life-threatening conditions like coronary heart disease and kidney disease, said Cota.

Becker notes that periodontal disease, which starts as gingivitis or inflamed bleeding gums, is caused by bacterial growth in the mouth.

"We all have these bacteria in our mouth," she says. "Controlling the bacteria levels in your mouth will control gum disease. There is a balance between healthy teeth and a healthy body."

Home care is the basis of good oral care for all.

"Patients have to be the ones to care for their teeth," said Becker. She recommends that people brush their teeth at least twice a day, floss daily and visit a dentist twice annually for cleanings and exams.

"Simple treatments like cleanings don't cost nearly as much as treating advanced oral diseases," Cota added. "It's like paying \$100 for a filling or \$1,000 for a root canal from not getting the filling."

People with periodontal disease, which like diabetes is a chronic, incurable condition, will need to have deeper cleanings three to four times a year. Antibiotics also can be prescribed in some cases, Becker said.

He also stressed, "Don't smoke – smoking causes basal constriction of blood vessels and smokers are 20 times more prone to get periodontal disease."

Just as diabetics are urged to keep their blood sugar under control, Becker says that keeping oral bacteria in check prevents a host of health threats.

"It's all about control," she said.

Indeed, maintaining good oral health contributes to good overall health. The ADA notes that a 1 percent change in A1C levels contributes to an average 35mg/dl drop in blood glucose.

Dentists now routinely take medical histories of new and regular patients, and regularly check for signs that might indicate undiagnosed diabetes or other diseases.

A 2014 American Dental Association study encouraged dentists and other medical providers to collaborate as part of a chronic care model. A collaborative model might include dental office screenings for diabetes and pre-diabetes, which in the study were found to provide important health benefits.

When Cota sees signs of diabetes, he refers his patients to a Sun Health Center physician; Becker refers to a Native Health provider. They also will refer a patient with other warning signs, such as changes in the tongue, to a physician for evaluation.

Patients also should notify their dentists of any health concerns, said Cota.

"Even if diabetes is in a patient's medical records, they should still tell their dentist before having work done," he said. "We can be ready to properly treat our diabetic patients if we know."

Rhodes, who has private insurance but was treated at an innovative diabetic management program for Native people

The primary test used to determine longer-term control of blood sugar levels is the A1C test. This test measures hemoglobin A1C, a blood cell that attaches itself to glucose for the cell's lifetime of about 120 days.

Thus, the A1C test, unlike the blood sugar test that many diabetics self-administer daily, reveals the patient's average levels of blood glucose over the past three months. A1C testing has become the primary test used for diabetes management and research by physicians and researchers.

Healthy people have an A1C level of 4 to 6 percent and the ADA recommends that diabetics aim for an A1C level of 7 percent or less.

while in Alaska, says that after her dentist educated her about how maintaining her dental health enhances her diabetic management, she "got on the program."

She purchased an electronic vibrating toothbrush and WaterPik water flosser. She also added oral care to her health regimen, which includes diet, exercise and checking her blood sugar four times a day.

She sees her dentist regularly for exams and cleanings, and while living in Alaska, her A1C level, which provides a person's average level of blood glucose, dropped from 10 percent to 7 percent.

"I could actually feel the difference" that proper dental care makes in general health, said Rhodes, who also is exploring pre-contact dental care means like willow toothpicks and sage teas.

Openings for Siletz Tribal Court Judges

An announcement accepting applications for the judges' positions in the Siletz Tribal Court is available for those interested in applying.

All judge positions are coming to term end on June 30, 2015, so recruitment for the positions of chief judge, associate judges and appellate judges for the Tribe's District Court, Gaming Court and Community Court will occur.

Applications are available on the Tribal website (ctsi.nsn.us) in the Employment section or by contacting the Tribe's Human Resources Department at 541-444-2532 or 800-922-1399.

Public Comment Notice

Siletz Tribal 477 Self-Sufficiency Program

477-Tribal TANF Plan

**Comment Period:
March 13-April 27, 2015**

Please submit comments to:

Kurtis Barker
477 Self-Sufficiency Program Director
P.O. Box 549
Siletz, OR 97380-0549
Fax: 541-444-8334
kurtisb@ctsi.nsn.us



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2. Outreach to health practitioners and disability-related service agencies
3. Medical care for affected children and grandchildren
4. A fresh approach to research
5. Direct service to veterans and their families, in their communities

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Contact: Tony Molina – 541-444-2828 (Newport)
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