

Primary Care of Oral Health among Patients with Diabetes

Joseph Pappachan*

Department of Periodontics, College of Dental Medicine, Medical University of South Carolina, South Carolina, USA

Received: 23-Aug-2022, Manuscript No. OHDM-22-18218; **Editor assigned:** 26-Aug-2022, Pre QC No. OHDM-22-18218 (PQ); **Reviewed:** 09-Sep-2022, QC No. OHDM-22-18218; **Revised:** 16-Sep-2022, Manuscript No. OHDM-22-18218 (R); **Published:** 23-Sep-2022, DOI: 10.35248/2247-2452.22.21.1019.

Description

Everyone should maintain good oral health, but those with high blood sugar may find it more difficult to do so. Poor blood sugar management increases the risk of dental health issues. Because uncontrolled diabetes impairs white blood cells, the body's primary line of defence against bacterial infections that might develop in the mouth, these illnesses are more likely to arise. Diabetes is a word used to describe a group of conditions marked by excessive urination, excessive water consumption, and excessive appetite (excessive hunger). Commonly, the phrase is used to denote a chronic illness that may fall under the category of diabetes mellitus. These illnesses are characterised by a high blood glucose level, which in turn brought on by a whole or partial shortage of insulin in the body, a hormone that lowers blood glucose levels. Diabetes mellitus is a type of diabetes or a set of metabolic illnesses that are linked by the fact that the blood glucose level is persistently unstable, varying from the more common hyperglycemia situations to hypoglycemia conditions.

Your saliva also contains a lot of sugar if your blood sugar level is high. Plaque, a sticky film, contains bacteria that eat sugar. Some of these microorganisms can result in gum disease, cavities, and tooth decay. Loss of teeth may result from not treating the teeth properly. If you have diabetes, your gum disease may worsen and recover more slowly. If you have gum disease, diabetes could be more challenging to control. Diabetes can have a negative impact on oral health in a variety of ways, including: you may have less saliva, which can make your mouth feel dry (certain medications can also cause dry mouth); your gums may become irritated and bleed frequently (signs of gum disease); infections in your mouth and more. Gum disease can cause your gums to swell and bleed frequently, and it can also make it harder for infections in your mouth to get better.

Despite the fact that the name diabetes is typically used to refer exclusively to the sweet diabetes mellitus illness, there is another pathological condition known as diabetes insipidus. Around 5% of the global population is thought to be affected. Approximately 90% of people with diabetes have type 2 Diabetes Mellitus (DM). According to World Health Organisation (WHO) predictions, the prevalence of DM will raise dramatically in North America, the Middle East, and Southeast Asia while only modestly increases in Europe.

More than 360 million sick people are anticipated in 2030. Women were more likely to be affected than men were (m:f = 1:1.25). Diabetes complications can vary and affect different parts of the body. Diabetes mellitus complications include diabetic macroangiopathies, which have been linked to atherosclerosis phenomena, as well as diabetic ulcers, carpal tunnel syndrome, glaucoma, diabetic neuropathies, cataracts, oral or dermatological infections, and parodontopathies, which result in nephropathies, retinopathies, and peripheral neuropathies. Dental professionals are quite interested in this increased propensity to develop infections in various areas, including the oral one. Additionally, the patient is predisposed to developing periodontitis; along with their diabetes, they are a patient that needs dental care.

Diabetes can restrict blood circulation to the area, which increases the risk of oral health issues like cavities and infections of the gums and bones that support your teeth. Your risk is even greater if you have diabetes and are over 50. Regardless of whether you have diabetes, dental issues and ageing go hand in hand. Patients with diabetes need to receive extra attention for certain dental health issues such as gingivitis, periodontitis, dry mouth, infection, Burning Mouth Syndrome (BMS), and poor wound healing. It is possible to distinguish between diabetes risk factors that can be changed (such as obesity and physical inactivity) and those that must be considered in the right context (familiarity with diabetes, age, ethnicity, other pathologies, potentially iatrogenic therapeutic treatments). As we mentioned at the beginning, diabetes is a chronic and irreversible disease whose chronicization entails further cascading dysfunctions, so both the acute and chronic problems will have a substantial impact on the person's life.

Conclusion

The following are recommendations for diabetics about oral hygiene: At least twice a year, visit the dentist to have your teeth cleaned and examined. Find out how frequently you'll need checkups by speaking with your dentist. Use dental floss at least once every day to avoid plaque accumulation on your teeth. After every meal, brush your teeth. Use a toothbrush with gentle bristles. If you have dentures, take them out every day and clean them. Consult your doctor about ways to stop smoking if you do.