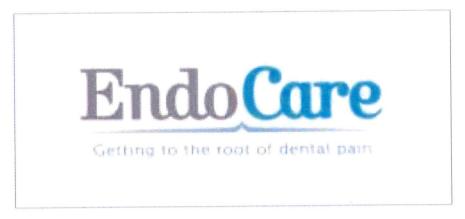


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The pubic perception of dentistry is not a flattering one. Recent new stories in the serve to highlight this. The problem is that we don't tell people what we do.

We don't inform and educate the public around the benefits to their general health of taking care of their they think that all we do is fix holes and extract teeth and apply expensive crowns; but of course we do m shouting about it.

A perfect example of this is in the relationship between diabetes and periodontitis. There are clear, estable the treatment of one can positively affect the other, but when was the last time you took the time to share patient?

Recently, I met Dr Leticia Casanova, a Spanish Dentist who trained as a periodontist at New York University studying the connection between diabetes and periodontal disease, so she has a particularly relevant perspectately published an article in the BDJ entitled, *Diabetes and Periodontal Disease: A Two-Way Relationsh*, you can control people's periodontal disease, you can actually see a genuine reduction in their diabetic co

A measure of how well a diabetic is coping is in their glycated haemoglobin levels and this is recorded as a 1% reduces the risk of heart disease and damage considerably. The article explains that being diabetic lead developing periodontitis and that having periodontitis can also affect the body's glycaemic index (in people So if you control somebody's periodontitis, through delivering first class periodontal treatment, and then no haemoglobin, it is possible to see a drop of up to a half per cent and this will really make a difference to the second second

The article from Dr Casanova effectively shows the interrelationship between the two problems and explaid dental treatment that positively affects systemic disease. This leads back to my initial point, that we don't we do for our patients enough. If general dentists were seen to take a more active lead in the medical conmaybe this would raise the profession in the eyes of the public?

The prevalence of diabetes is phenomenal, and periodontitis is three times more likely to affect those who diabetics become edentulous, effecting how they eat - and this is not to mention the already well establish disease and heart disease. So, if through making changes in our approach we are able get a patient's diabet we would be performing a far greater public service.

We should therefore take every opportunity to play a bigger role in our patients' general well being. Not ju

cancer scans, which are vital and we should all already be doing, but maybe through routinely measuring t sugar levels too, so that people will begin to see us not just as people who fix holes, but as doctors that ca condition.

For further information please call EndoCare on 020 7224 0999

## Or visit www.endocare.co.uk

[i] L. Casanova, F.J. Hughes and P.M Preshaw, Diabetes and Periodontal disease: a two-way relationship, E
433-437, available at: http://www.nature.com/bdj/journal/v217/n8/full/sj.bdj.2014.907.html [accessed

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## Erica Kilburn

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