Dentists can identify undiagnosed diabetes

In a recent study, “Identification of unrecognized diabetes and pre-diabetes in a dental setting,” published in the Journal of Dental Research, researchers at Columbia University College of Dental Medicine found that dental visits represented a chance to intervene in the diabetes epidemic by identifying individuals with diabetes or pre-diabetes who are unaware of their condition. The study sought to develop and evaluate an identification protocol for high blood sugar levels in dental patients and was supported by a research grant from Colgate-Palmolive. The authors report no potential financial or other conflicts.

“Periodontal disease is an early complication of diabetes, and about 70 percent of U.S. adults see a dentist at least once a year,” said Dr. Ira Lamster, dean of the College of Dental Medicine, and senior author on the paper. “Prior research focused on identification strategies relevant to medical settings. Oral health-care settings have not been evaluated before, nor have the contributions of oral findings ever been tested prospectively.”

For this study, researchers recruited approximately 600 individuals visiting a dental clinic in Northern Manhattan who were 40 years old or older (if Hispanic or non-Hispanic white) and 50 years old or older (if non-Hispanic white), and had never been told they have diabetes or pre-diabetes. Approximately 250 patients with at least one additional self-reported diabetes risk factor (family history of diabetes, high cholesterol, hypertension or overweight/obesity) received a periodontal examination and a finger stick, point-of-care hemoglobin A1c test. In order for the investigators to assess and compare the performance of several potential identification protocols, patients returned for a fasting plasma glucose test, which indicates whether an individual has diabetes or pre-diabetes.

Researchers found that in this at-risk dental population, a simple algorithm composed of only two dental parameters (number of missing teeth and percentage of deep periodontal pockets) was effective in identifying patients with unrecognized pre-diabetes or diabetes. The addition of the point-of-care A1c test was of significant value, further improving the performance of this algorithm.

“Early recognition of diabetes has been the focus of efforts from medical and public health colleagues for years, as early treatment of affected individuals can limit the development of many serious complications,” said Dr. Evanthia Lalla, an associate professor at the College of Dental Medicine, and the lead author on the paper. “Relatively simple lifestyle changes in pre-diabetic individuals can prevent progression to frank diabetes, so identifying this group of individuals is also important. Our study sought to develop an identification protocol for high blood sugar levels in dental patients and was supported by a research grant from Colgate-Palmolive. The authors report no potential financial or other conflicts.”

Researchers at the New York University College of Dentistry (NYUCD) recently surveyed otolaryngologists from New York State to help establish a referral protocol before performing a maxillary sinus lift.

The study, “New York state ear, nose, and throat specialists’ views on pre-sinus lift referral,” by M. T. Cote, S.L. Segelnick, A. Bastogi and R. Schoor, appeared in the February 2011 issue of the Journal of Periodontology and assessed the need to consult an ear, nose and throat (ENT) specialist in the pretreatment work-up.

Results showed that the majority (58.7 percent) of ENT specialists recommended a CT scan be done before sinus elevation surgery, even in the absence of symptoms. The greatest concerns of the ENT specialist that would warrant a referral were prior sinus surgery, severe sinus inflammation and severe risk of sleep apnea.