

Survey on problems faced by dental patients having diabetes mellitus

Running title: To assess the problems faced by dental patients having diabetes mellitus

Abstract

Introduction

The objective of this study is to investigate that patients having diabetes mellitus face more problems in a dental clinic or hospital. Oral care provided by dentists in these patients play an important role.

Materials and method

The survey was conducted through an online platform, results were evaluated using SPSS software. Responses of these questionnaires were analysed using SPSS statistics. Crosstabs with Monte Carlo and confidence level 95% was used. Statistical significance was then analysed.

Results

Results and data after analysis showed that many problems are faced by dental patients with diabetes mellitus.

The main reason for this survey is to know whether people are aware about the problems faced by dental patients having diabetes mellitus and to make people aware about that.

Conclusion

The present study thus concluded that patients who are having diabetes mellitus must follow the clinicians suggestions to control the blood sugar level and cooperate with the practitioners for the safest procedures.

Keywords: diabetes mellitus, dentistry, type 1,type 2 diabetes

Introduction

Diabetes mellitus is not simple but it is a pernicious syndrome.(1) It is one of the most chronic diseases of our time.(2) The most common is type 2 diabetes (3,4) around 5% is of type one diabetes and others of type among primary cases (5–7). There is no particular treatment to cure diabetes.(8) It is a common endocrine problem and many people are affected.(9) Lack of proper diagnosis leads to many other problems like infection, delayed healing, neuropathy, atherosclerotic aneurysms, myocardial infarction and amputation (10,11). Increase in blood glucose level that is hyperglycemia is one of its complications and add more seen in patients with type 1 diabetes mellitus.(12,13) Patients with diabetes mellitus are prone to oral infections.(14)

There are some therapeutic regimes (15) are there.(16) Hypoglycaemia is related with oral problems(17,18) like gingivitis, xerostomia, periodontal diseases(19), dysfunction of salivary gland, candidiasis,(20) abscesses in Periapical region, inability to wear dentures in old age people, loss of taste (21,22). Periodontal disease in them is also known as “sixth complication of diabetes mellitus” and is mostly seen in the patients (23,24). Many studies have demonstrated that patients with type 1 diabetes and chronic,(25) marginal metabolic control of the disease are more prone to this.(26) In these patients as a result of micro vascular changes leads to late tissue healing which affects the patient(27). Prevalence of diabetes is related to age as the age increases in most of the cases diabetes chances also increases(28).

Materials and method

The survey was conducted among 150 people in an online platform through Google forms with verified questionnaire and was circulated.

Questionnaire had following questions-

1)Are dental patients with diabetes mellitus affected more during treatment? Yes or No

2)Is wound healing delayed in these patients? Yes or No

3)Tooth extraction in patients with diabetes mellitus has to be done with extra care. Yes or No

4) Do you agree with the fact that old age people with diabetes are more affected by dental treatments? Yes or No

5) Some people approaching the dentist are unaware of their diabetic status. Yes or No

6) Some patients become hypoglycemic while undergoing treatment. Yes or No

7) Previous medical history plays an important role. Yes or No

8) In case of high blood sugar condition tooth extraction is avoided among dental patients. Yes or No

9) People affected with diabetes mellitus are more susceptible to oral infections. Yes or No

10) The dentist had to get the patient's blood test done before tooth extraction. Yes or No

Statistical analysis

The responses of these questionnaires were analysed using SPSS statistics. Crosstabs with Monte Carlo and confidence level 95% was used. Statistical significance was then analysed.

Results

The present study has observed the following finding which is there in the graph and legends.

The results were analysed using the SPSS software crosstabs with Monte Carlo and confidence level 95% was used. Statistical significance was then analysed.

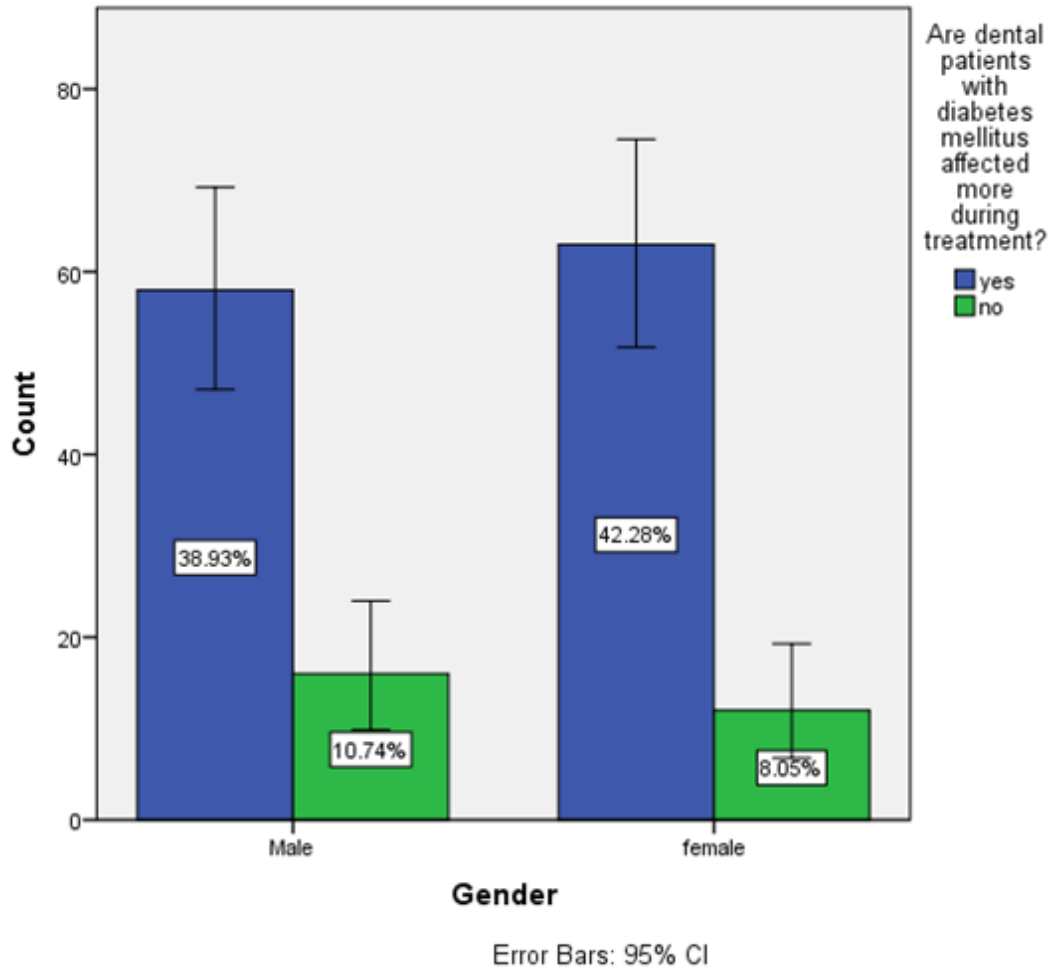


FIGURE 1 : Bar graph depicts comparison between gender and the question about dental patients with diabetes are more affected X axis represents the gender and the Y axis represents the people with a response of agree or disagree. Blue colour represents yes, green represents no and yellow represents the fact that dental patients with diabetes are more affected. Most of the answers were from Males with a percentage of 38.93% and females about 42.28% agree with this fact.

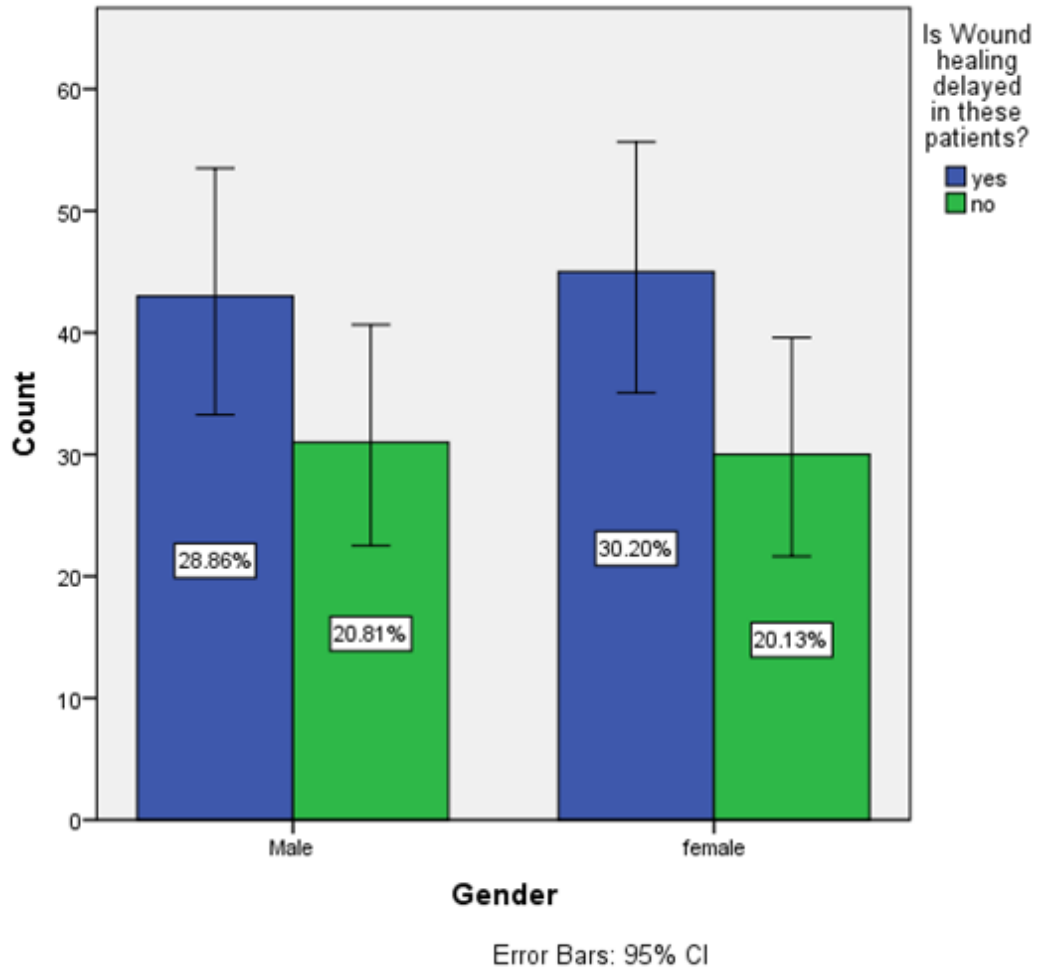


FIGURE 2 : Bar graph depicts comparison between gender and the question about delayed wound healing in diabetic patients. The X axis represents the age and the Y axis represents the people with a response of agree or disagree. Blue colour represents yes, green represents no about the fact that wound healing is delayed in diabetic patients is agreed by 28.86% of males and 30.20% of females

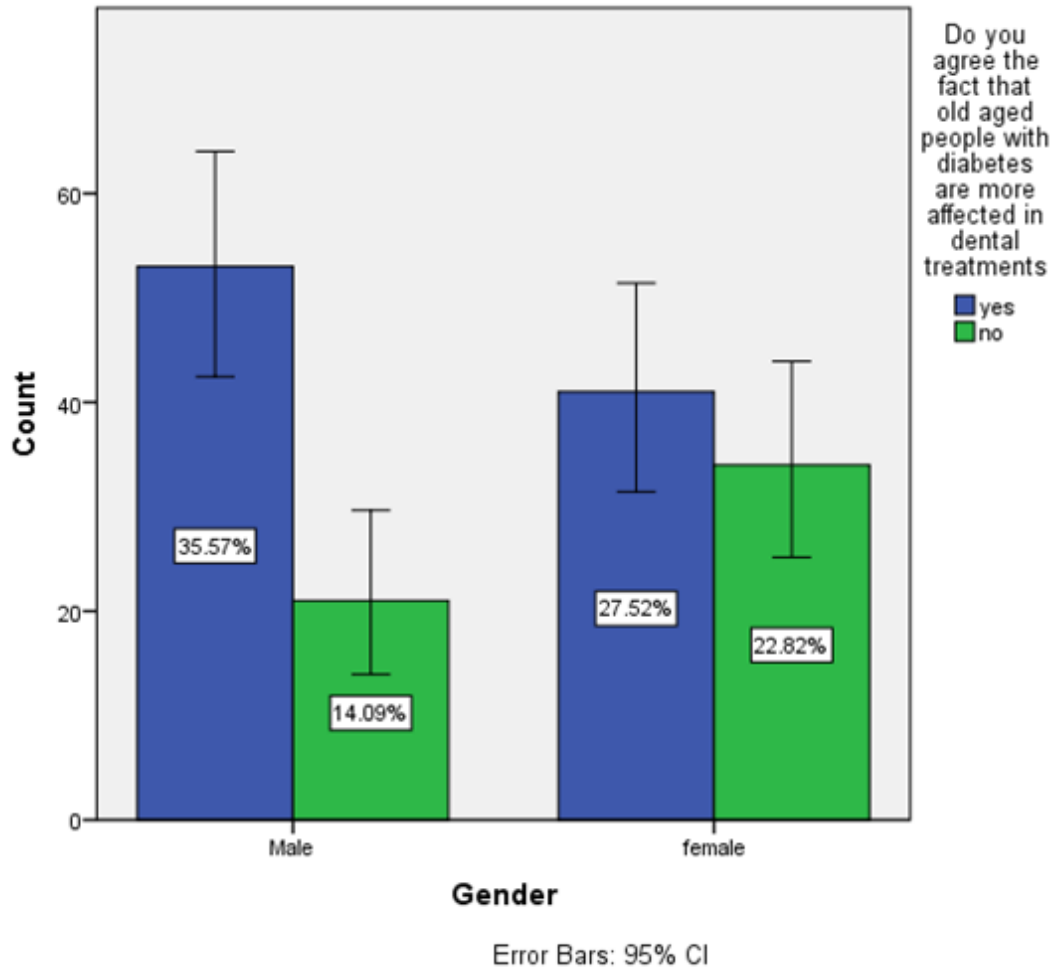


FIGURE 3: Bar graph depicts comparison between gender and the question about old aged people are more affected. The X axis represents the age and the Y axis represents the people with a response of agree or disagree. Blue represents yes, green represents no. Majority 35.57% of males and 27.52% females agree to the fact.

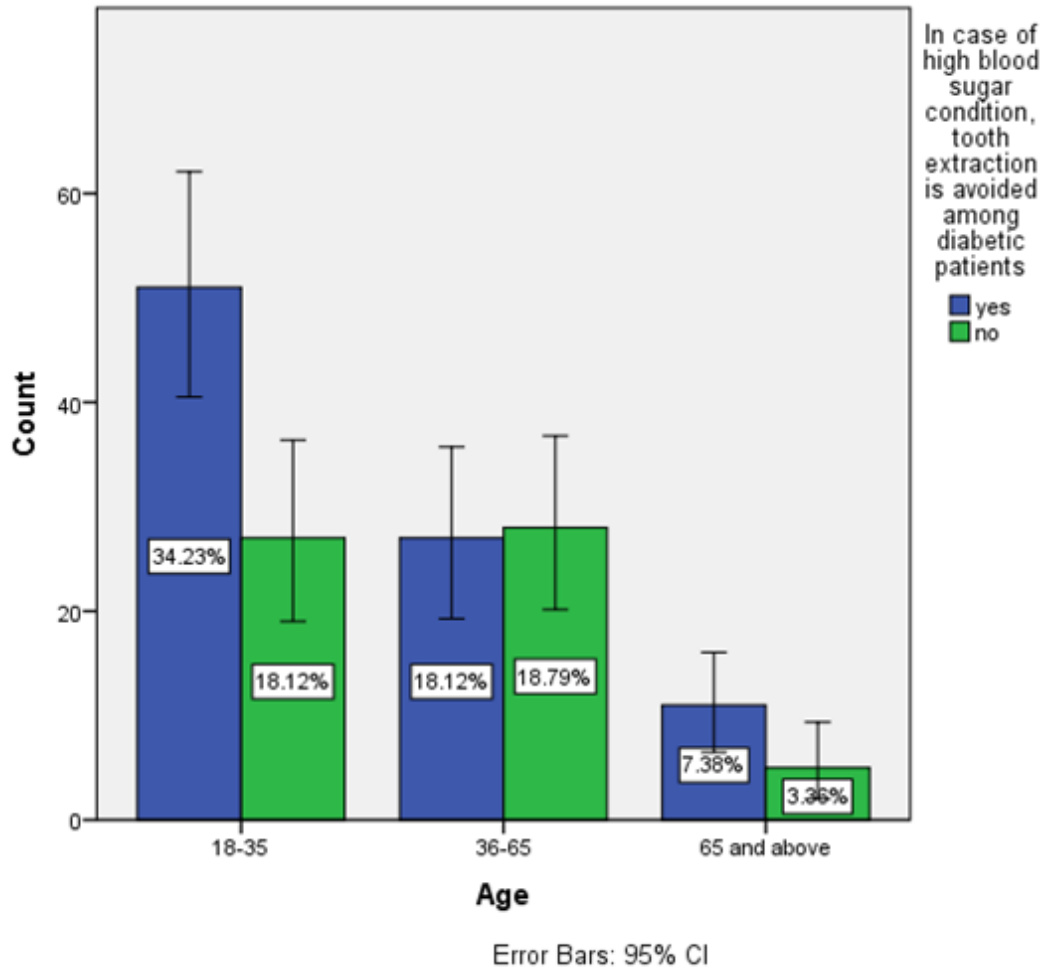


FIGURE 4: Bar graph depicts comparison between age and the question about the fact that in case of high blood sugar tooth extraction is avoided. The X axis represents the age and the Y axis represents the people with a response of agree or disagree. Blue represents yes, green represents no. Majority of the answers from the age group of 18-35 about 34.23% were yes.

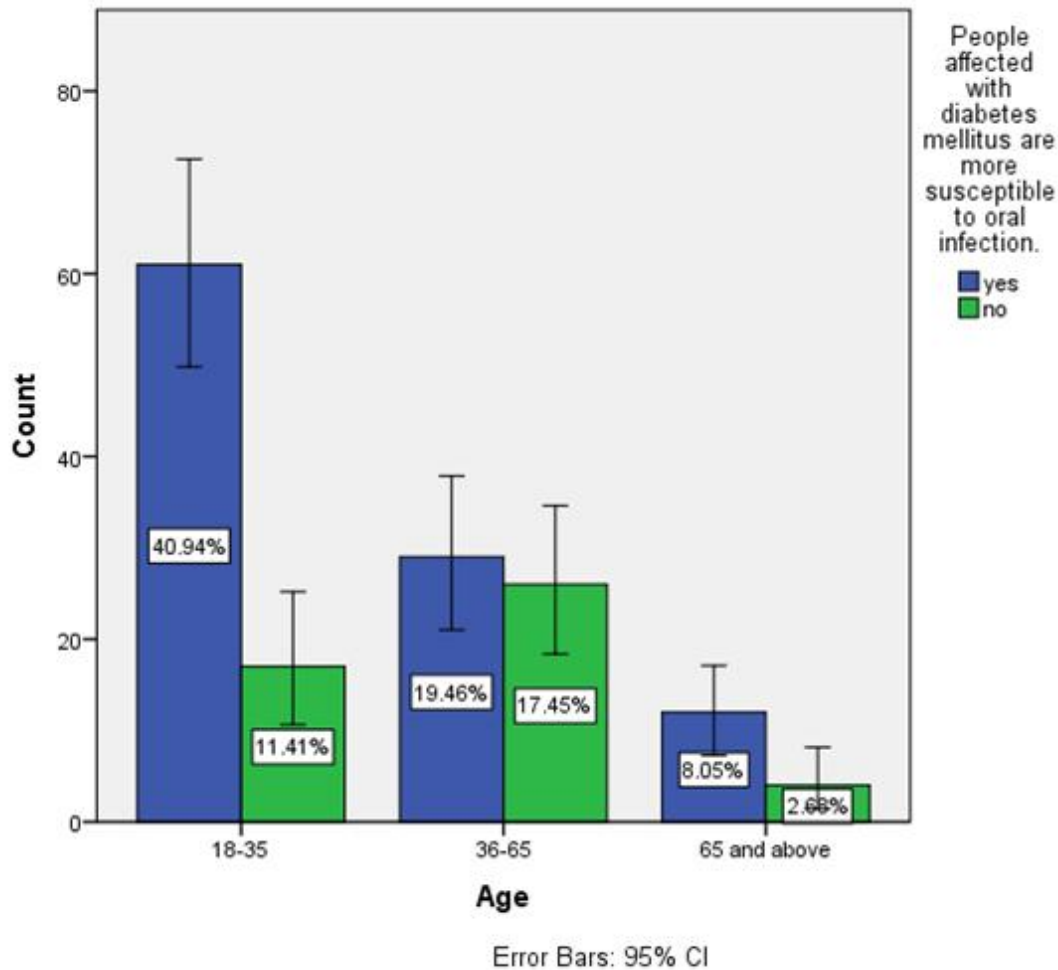


FIGURE 5: Bar graph depicts comparison between age and the question about the fact that. Diabetic patients are more susceptible to oral infection. The X axis represents the age and the Y axis represents the people with a response of agree or disagree. Blue represents yes, green represents no. Majority of the answers from the age group of 18-35 about 40.94% were yes.

Discussion

The present study is aligned to check the problems faced by dental patients with diabetes mellitus (Figure 1-5). Early diagnosis of diabetes reduces the related problems(29) Diabetes mellitus is one of the most chronic diseases of our time. Type 2 diabetes is common, but is unrecognized for many years. Diabetes leads to oral complications(30). Dentists can reduce the morbidity, mortality associated with diabetes by maintaining the patient's oral health and preventing many oral diseases. The dentist can help in preventing any kind of oral infection in

patients with diabetes. In case of periodontitis tetracyclines can function as inhibitors. The treatment of the insulin-dependent diabetic requires additional attention.

The oral problems in patients with uncontrolled diabetes are also mostly shown by excessive loss of fluids through excessive urination (polyuria), change in response during infection, microvascular changes, high glucose levels in saliva. Incline in rate of dental caries may occur in young diabetic patients; proportional to reduced salivary flow. Apart from treatments change in metabolic control of the diabetes may decrease further increase. Improvement in glycemic control majorly affects complications such as xerostomia and candidiasis.(31)

A diabetic patient whose glucose levels are controlled generally has no need for antibiotics post surgical procedures(32). However, the intake of antibiotics during the postsurgical phase is apt , if there is some infection, pain, and or any related stress(33).

The glycated or glycosylated hemoglobin test (HbA1c) is majorly used to check glycemic control. Hemoglobin is a marker to measure the glucose pool. So , it is the preferred test for the medical evaluation of diabetes as it measures the blood glucose levels over a period of 8 to 12 weeks. Exogenously insulin is injected into subcutaneous layer of skin. Improvement in glycemic control has a major role in reducing the occurrence of complications such as xerostomia and candidiasis. The limit of the study was that it was cross sectional study. In future more analyses can improve the treatment plans of dental patients with diabetes mellitus.

Conclusion

It is well known that diabetes mellitus is a metabolic disorder that occurs due to ageing, genetic predisposition etc,. It has its own detrimental effects on the body if it is not controlled properly by taking medicines and changing lifestyle. As mentioned, it may also affect oral health and it is important to know the patient history of those who are having diabetes by dentists. As age advances the healing of the wound is delayed and it may lead to secondary complications as well. Thus the present study concluded that patients who are having diabetes mellitus must follow the clinicians suggestions to control the blood sugar level and cooperate with the practitioners for the safest procedures.

References

1. Vijayashree Priyadharsini J. In silico validation of the non-antibiotic drugs acetaminophen and ibuprofen as antibacterial agents against red complex pathogens. *J Periodontol.* 2019 Dec;90(12):1441–8.
2. Sekar D, Lakshmanan G, Mani P, Biruntha M. Methylation-dependent circulating microRNA 510 in preeclampsia patients. *Hypertens Res.* 2019 Oct;42(10):1647–8.
3. Lalla E, Cheng B, Kunzel C, Burkett S, Ferraro A, Lamster IB. Six-month outcomes in dental patients identified with hyperglycaemia: a randomized clinical trial. *J Clin Periodontol.* 2015 Mar;42(3):228–35.
4. Princeton B, Santhakumar P, Prathap L. Awareness on Preventive Measures taken by Health Care Professionals Attending COVID-19 Patients among Dental Students. *Eur J Dent.* 2020 Dec;14(S 01):S105–9.
5. Meechan JG, Robb ND, Seymour RA. Pain and Anxiety Control for the Conscious Dental Patient. Oxford University Press; 1998. 373 p.
6. Priyadharsini JV, Vijayashree Priyadharsini J, Smiline Girija AS, Paramasivam A. In silico analysis of virulence genes in an emerging dental pathogen *A. baumannii* and related species [Internet]. Vol. 94, *Archives of Oral Biology.* 2018. p. 93–8. Available from: <http://dx.doi.org/10.1016/j.archoralbio.2018.07.001>
7. Maheswari TNU, Venugopal A, Sureshbabu N, Ramani P. Salivary micro RNA as a potential biomarker in oral potentially malignant disorders: A systematic review [Internet]. Vol. 30, *Tzu Chi Medical Journal.* 2018. p. 55. Available from: http://dx.doi.org/10.4103/tcmj.tcmj_114_17
8. Logeshwari R, Rama Parvathy L. Generating logistic chaotic sequence using geometric pattern to decompose and recombine the pixel values [Internet]. Vol. 79, *Multimedia Tools and Applications.* 2020. p. 22375–88. Available from: <http://dx.doi.org/10.1007/s11042-020-08957-9>
9. Johnson J, Lakshmanan G, Biruntha M, Vidhyavathi RM, Kalimuthu K, Sekar D. Computational identification of MiRNA-7110 from pulmonary arterial hypertension (PAH) ESTs: a new microRNA that links diabetes and PAH [Internet]. Vol. 43, *Hypertension Research.* 2020. p. 360–2. Available from: <http://dx.doi.org/10.1038/s41440-019-0369-5>
10. Peek ME, Thomas CC. Broadening Access to Continuous Glucose Monitoring for Patients With Type 2 Diabetes. *JAMA* [Internet]. 2021 Jun 2; Available from: <http://dx.doi.org/10.1001/jama.2021.6208>
11. Gudipaneni RK, Alam MK, Patil SR, Karobari MI. Measurement of the Maximum Occlusal

- Bite Force and its Relation to the Caries Spectrum of First Permanent Molars in Early Permanent Dentition. *J Clin Pediatr Dent.* 2020 Dec 1;44(6):423–8.
12. Paramasivam A, Priyadharsini JV, Raghunandhakumar S, Elumalai P. A novel COVID-19 and its effects on cardiovascular disease. *Hypertens Res.* 2020 Jul;43(7):729–30.
 13. Pujari GRS, Subramanian V, Rao SR. Effects of *Celastrus paniculatus* Willd. and *Sida cordifolia* Linn. in Kainic Acid Induced Hippocampus Damage in Rats [Internet]. Vol. 53, *Indian Journal of Pharmaceutical Education and Research.* 2019. p. 537–44. Available from: <http://dx.doi.org/10.5530/ijper.53.3.86>
 14. Rajkumar KV, Lakshmanan G, Sekar D. Identification of miR-802-5p and its involvement in type 2 diabetes mellitus. *World J Diabetes.* 2020 Dec 15;11(12):567–71.
 15. *Clinician's Guide to Treatment of Medically Complex Dental Patients.* 2001. 65 p.
 16. Ravisankar R, Jayaprakash P, Eswaran P, Mohanraj K, Vinitha G, Pichumani M. Synthesis, growth, optical and third-order nonlinear optical properties of glycine sodium nitrate single crystal for photonic device applications [Internet]. Vol. 31, *Journal of Materials Science: Materials in Electronics.* 2020. p. 17320–31. Available from: <http://dx.doi.org/10.1007/s10854-020-04288-5>
 17. Wu S, Rajeshkumar S, Madasamy M, Mahendran V. Green synthesis of copper nanoparticles using and its antioxidant and antibacterial activity against urinary tract infection pathogens. *Artif Cells Nanomed Biotechnol.* 2020 Dec;48(1):1153–8.
 18. Prasad R, Jha AK, Prasad K. *Exploring the Realms of Nature for Nanosynthesis.* 2018.
 19. Ljungqvist O, Francis NK, Urman RD. *Enhanced Recovery After Surgery: A Complete Guide to Optimizing Outcomes.* Springer Nature; 2020. 654 p.
 20. Bhavikatti SK, Karobari MI, Zainuddin SLA, Marya A, Nadaf SJ, Sawant VJ, et al. Investigating the Antioxidant and Cytocompatibility of Linn Extract over Human Gingival Fibroblast Cells. *Int J Environ Res Public Health* [Internet]. 2021 Jul 4;18(13). Available from: <http://dx.doi.org/10.3390/ijerph18137162>
 21. Jeske AH. *Mosby's Dental Drug Reference - E-Book.* Elsevier Health Sciences; 2013. 1520 p.
 22. Barma MD, Muthupandiyam I, Samuel SR, Amaechi BT. Inhibition of *Streptococcus mutans*, antioxidant property and cytotoxicity of novel nano-zinc oxide varnish. *Arch Oral Biol.* 2021 Jun;126:105132.
 23. Panakhup M, Lertpanomwan I, Pajonklaew C, Arayapisit T, Yuma S, Pujarern P, et al. Attitude of Physicians towards Periodontal Disease and Diabetes Mellitus Screening in Dental Clinics in Thailand. *Int J Environ Res Public Health* [Internet]. 2021 May 18;18(10). Available from: <http://dx.doi.org/10.3390/ijerph18105385>

24. Chaturvedula BB, Muthukrishnan A, Bhuvanaraghan A, Sandler J, Thiruvengkatachari B. Dens invaginatus: a review and orthodontic implications. *Br Dent J*. 2021 Mar;230(6):345–50.
25. Marya A, Karobari MI, Selvaraj S, Adil AH, Assiry AA, Rabaan AA, et al. Risk Perception of SARS-CoV-2 Infection and Implementation of Various Protective Measures by Dentists Across Various Countries. *Int J Environ Res Public Health* [Internet]. 2021 May 29;18(11). Available from: <http://dx.doi.org/10.3390/ijerph18115848>
26. Rao SK, Kalai Priya A, Manjunath Kamath S, Karthick P, Renganathan B, Anuraj S, et al. Unequivocal evidence of enhanced room temperature sensing properties of clad modified Nd doped mullite Bi₂Fe₄O₉ in fiber optic gas sensor [Internet]. Vol. 838, *Journal of Alloys and Compounds*. 2020. p. 155603. Available from: <http://dx.doi.org/10.1016/j.jallcom.2020.155603>
27. Diakoumopoulou E, Ioannidis I, Liatis S, Tentolouris N, Tsapogas P. *Diabetes in Clinical Practice: Questions and Answers from Case Studies*. John Wiley & Sons; 2007. 482 p.
28. Little JW. Eating disorders: dental implications. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*. 2002 Feb;93(2):138–43.
29. American Association of Diabetes Educators [Internet]. Vol. 31, *The Diabetes Educator*. 2005. p. 23–23. Available from: <http://dx.doi.org/10.1177/014572170503100102>
30. Lalla E, Kaplan S, Chang S-MJ, Roth GA, Celenti R, Hinckley K, et al. Periodontal infection profiles in type 1 diabetes. *J Clin Periodontol*. 2006 Dec;33(12):855–62.
31. Jin L. *Studies on Host-response Markers in Gingival Crevicular Fluid and Subgingival Periodontopathogens: Implications in Assessment and Monitoring of Subjects with Periodontal Diseases*. 1999. 71 p.
32. Touger-Decker R, Sirois DA, Vernillo AT. *Diabetes Mellitus* [Internet]. *Nutrition and Oral Medicine*. 2005. p. 185–204. Available from: <http://dx.doi.org/10.1385/1-59259-831-5:185>
33. *Clinician's Guide to Treatment of Medically Complex Dental Patients*. 2001. 65 p.