

Opinion

Diabetes, Oral Health and Sleep

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The relationship between Diabetes and Periodontal Disease is bidirectional concerning cause and effect. Periodontal disease is the medical term for gum disease and encompasses gingivitis, which it is a mild form of the condition, but it is most often used to refer to the second and most severe stage of gum disease, periodontitis. Periodontal disease is among the ten most common diseases that affect humans and is the main cause of tooth loss in adults, so it is important to be aware of the condition and how it can develop. If gingivitis does not catch the on the first stage of periodontal disease, it may progress for periodontitis, a chronic inflammatory disease that affects the periodontium - the name given to the tissues, ligaments and bones that surround and support your teeth. If not treated, periodontitis can severely damage these structures leading to eventually to loss of teeth. Untreated or uncontrolled periodontal disease can also weaken the immune system, increasing the susceptibility of patients to develop diabetes or increase the pre-existing condition. This situation becomes more evident in patients with a family history of diabetes, or with associated predisposing factors, such as obesity and poor diet. However, in the light of scientific evidence, current data and trends warn of the following predisposing facts: among young adults, people with diabetes are twice as likely to develop periodontitis; adults aged 45 or older, with poorly controlled diabetes, are 2.9 times more likely to contract severe periodontitis than those without diabetes; people who smoke and whom persistently high blood glucose levels have a 4.6 times higher risk of developing periodontitis; finally, about a third of people with diabetes have severe periodontitis.

Diabetic patients should be observant to signs such as:

- a) "Acetonic" breath
- b) Frequent abscesses of teeth and gums
- c) Gingival inflammation with bleeding to the touch, despite good oral hygiene
- d) Dental mobility due to maxillary and mandibular bone loss associated with periodontal disease

- e) "Low saliva" Xerostomy
- f) Burning Mouth Syndrome
- g) Frequent thrush
- h) Candidiasis of the oral mucosa (fungal infection, particularly in users of dental prosthesis)
- i) Higher susceptibility to dental caries
- j) Increased healing time

All these signs associated with diabetes, now with degrees of intensity and discomfort will modify, from patient to patient and with repercussions on the quality of life and the health of the sick. What should the diabetic patient do to prevent and prevent, the problems and dental problems associated with diabetes? First of all, the most important thing is to control blood glucose, that is, the glucose level in the blood. Then, keep the regular oral hygiene of teeth, gums and dentures (if you are a user). Avoid smoking, drinking alcohol and coffee. Good oral health is an integral part of general health, so consulting a dentist, every 6 months is primordial. What is the relationship between diabetes and OSAHS (Sleep Apnea and Hypoapnea Syndrome)? The Sleep Heart Health Study showed that about half of diabetic patients have sleep disorders, and that about a third have obstructive apnea with therapeutic indication. In parallel time, 40% of people with sleep apnea will experience intermediate hyperglycaemia or already diabetes mellitus. Sleep apnea, as a result of sleep fragmentation, is a major cause of resulting endocrine metabolic changes, contributing to high levels of glycemia, ghrelin and leptin (hormones that control appetite and satiety). Together, these changes contribute to the increase in the incidence of intermediate hyperglycaemia and type 2 diabetes mellitus. In conclusions, a good night sleep and a very high standers of oral hygiene, are fundamental and a great contribute to maintain our general health.