

Introduction

There is substantial evidence that certain oral diseases are more prevalent in people with diabetes. Importantly, the effectiveness of the management of oral conditions like periodontitis can impact glycaemic control in people with diabetes. Dentists, as the professionals who manage oral health, are in an ideal position to play a significant role in the diagnosis and treatment of people with diabetes.

This symposium on *Diabetes and Oral Health* is the result of a combined effort of the FDI World Dental Association and the International Diabetes Federation (IDF) that was held at the FDI meeting in Dubai in 2007. The location was very appropriate considering the prevalence and incidence of diabetes in the United Arab Emirates and the growing recognition that diabetes is a major public health problem throughout the world. The diagnosis and control of diabetes in all corners of the world, from highly developed to developing nations, is inadequate and we can only estimate the true prevalence. The purpose of the symposium was to increase awareness and increase the role of dentistry in the recognition and management of this disease and its complications.

Diabetes is increasingly viewed as an inflammatory condition that leads to and complicates oral conditions such as periodontal disease. According to the World Health Organisation, the prevalence of Diabetes Mellitus (DM) is likely to double within the next 25 years. It is estimated that up to 50% of people with DM remain undiagnosed. Thus, dental professionals must be able to recognise the early signs and symptoms of the disease. Awareness of poor healing, unexplained attachment loss or periodontal abscesses in an otherwise healthy patient should constitute the signal to dentists that they should look further for systemic alterations. The dentist, as part

of the overall healthcare team, plays an important role in early diagnosis and screening for metabolic disease. People with diabetes with good glycaemic control, good oral hygiene and regular periodontal maintenance are not at greater risk for developing ongoing attachment loss and caries. However, poorly controlled diabetes, contributes to the likelihood that all oral complications will increase.

On the other hand periodontal disease might represent a relevant factor for deterioration of metabolic control in people with diabetes. At present the screening for such a condition is not included within the guidelines for routine diabetes care and its relevance is usually heavily underestimated in diabetes clinics.

The presentations (and subsequent papers) in this symposium provide an overview of the current state of our knowledge of the disease diabetes mellitus, a look into the science linking oral disease to diabetes, a detailed evaluation of the role of the dentist in the management of people with diabetes, insights into healthcare systems in the host nation where the prevalence of diabetes is one of the highest in the world, and conclude with a call to action that will be taken to the FDI and IDF to solicit endorsement for programmes to increase awareness in the dental profession worldwide of their role in the care of people with diabetes. It is our hope that the dental profession will take an active role in the diagnosis and management of people with diabetes to the benefit of all.

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