

# Integrating Periodontal Insight into Diabetes Care in Nepal

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“A chain is only as strong as its weakest link.” The integration of periodontal care into diabetes management should not be viewed as an adjunct, but rather as an essential reinforcement of the chain that sustains long term well-being for patients. Decades have passed since periodontitis was considered the sixth complication of diabetes mellitus,<sup>1</sup> yet a lack of awareness regarding the same among the general population is evident in our country.<sup>2</sup> From my journey as an undergraduate student to an academician in an institute today, I have constantly encountered a lack of knowledge regarding the bidirectional role of type 2 diabetes mellitus and periodontitis among fellow medical professionals.

The role of periodontal therapy in improving the glycaemic status of the patient is already established through studies.<sup>3</sup> For a fact, diabetes mellitus has been included among the two risk factors of periodontal disease in the grading system of the recent classification of periodontal disease by the European Federation of Periodontology and the American Academy of Periodontology as well.<sup>4</sup> Also, in the revised standards of care for people with diabetes by American Diabetes Association, “Dental Care” has been added which includes referral for a dental exam at least once per year and coordination between medical and dental teams for the appropriate drug adjustments prior to and after the dental procedure period as needed.<sup>5</sup>

In this era, where quick learning tools are available, there is an easy access to endless information. Patients explore treatment options and gain knowledge

before visiting clinics and hospitals. It is still difficult to convince them of the impact of periodontal health on systemic health. It is high time we identify the barriers to such inadequacies, which maybe a lack of knowledge among medical professionals or the consideration of medical and dental practices as unrelated to each other.

Recently, a review paper in Periodontology 2000 proposed periodontitis to be considered a systemic disease on its own, stating that it affects the individual's systemic condition and well-being. Periodontitis shares environmental, lifestyle, and genetic risk factors, and immunopathology with many systemic diseases. They urged dental and medical professionals and researchers to adapt this paradigm shift to advance periodontal disease out of its secluded location into the totality of chronic non-communicable diseases.<sup>6</sup>

The prevalence of diabetes mellitus in Nepal has more than doubled in the past decade, from 488,200 in 2011 to 1.1 million by 2021.<sup>7</sup> Data are largely missing regarding the prevalence of periodontitis in patients with diabetes in the Nepalese population in the context of the community when compared to hospital-based studies.<sup>8</sup> Grants for research on oral-systemic relationships should be encouraged, along with conducting joint health camps with medical societies. Collaborative multicentric studies are needed to establish national data and guide health policy.

Our society of periodontists can play a transformative role by developing a national consensus statement on the inter-relationship between periodontitis and systemic diseases. The Journal of Nepalese Society of Periodontology and Oral Implantology can serve as a platform to promote interdisciplinary research and publish consensus statements relevant to the Nepalese population.

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## Citation

Adhikari K. Integrating Periodontal Insight into Diabetes Care in Nepal. J Nepal Soc Perio Oral Implantol. 2025 Jan-Jun;9(17):1-2.

We should actively advocate for the integration of periodontal screening and management within chronic disease programs, which would be cost-effective as well as a scientifically justified step for diabetes care in our population. Hence, collaboration with physicians and policymakers to achieve holistic

health aligned with Nepal's disease burden is imperative. The mouth should no longer be treated in isolation from the body, for we cannot build health on a diseased foundation.

**Conflict of interest:** None.

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