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# Perio treatment mix helps lower glucose levels

By Melissa Busch, DrBicuspid.com assistant editor

August 8, 2019 -- Scaling and root planing plus adjuvant treatments effectively lower blood glucose levels in nonsmoking patients with type 2 diabetes and chronic periodontitis, according to a meta-analysis of more than a dozen studies.



Researchers from China found that patients with type 2 diabetes and chronic periodontitis had improved glycemic levels when their periodontal disease was treated with scaling and root planing (SRP) plus antimicrobial photodynamic therapy (aPDT) and the antibiotic doxycycline, according to a meta-analysis published in <u>BMC Oral Health</u> (August 6, 2019).

Periodontal disease is a known complication of diabetes. Patients with diabetes are more likely to also have periodontal disease, and inflammation of the gums can complicate controlling blood sugar levels, the authors noted.

The researchers wanted to determine which periodontal treatment best controlled glycemic levels in patients diagnosed with type 2 diabetes and chronic periodontitis. They searched medical and scientific databases for randomized controlled trials through May 2018 and included 14 trials in their analysis.

The trials involved 629 patients with both periodontitis and type 2 diabetes who had severe gum disease treated with scaling and root planing. The patients had no other systemic diseases. The patients had type 2 diabetes for between four and almost 12 years, and their treatments primarily included diet and insulin supplementation or oral antidiabetic medications. The baseline of hemoglobin A1c levels in the patients varied between 6.2 to 10.4.

The use of SRP with photodynamic therapy and doxycycline improved levels of hemoglobin A1c, an indicator of how well diabetes is being controlled, better than SRP alone or SRP with antibiotics, the researchers found. The treatment combination was most effective for patients who didn't smoke or had severe type 2 diabetes complications.

The authors noted some limitations to their research. The quality of the evidence from the included studies was low or very low, and almost 36% of the studies did not report the details of their randomized methods. In addition, only English studies were used, sample sizes were small, and the follow-up duration of the trials were short.

While longer-term well-executed, multicenter trials are needed to corroborate the results, the findings of the meta-analysis seemed to support that SRP with photodynamic therapy plus the use of doxycycline had the best efficacy in lowering glycemic levels, the researchers concluded.

"Among the different treatments, SRP and aPDT and [doxycycline] ranked best," wrote the authors, led by Ruoyan Cao of the department of prosthodontics at the Xiangya Stomatological Hospital & School of Stomatology at Central South University in Changsha, China.

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