

Type 1 diabetes in adults: diagnosis and management – periodontal disease

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British Society of Periodontology	Evidence Review	General	General	There is no mention of the NHSE commissioning standard on “Dental Care for People with Diabetes” (https://www.england.nhs.uk/wp-content/uploads/2019/08/commissioning-standard-dental-care-for-people.pdf). This seems to be a document that supports the NICE guideline and its inclusion is recommended.	Thank you for your comment and reference. The committee also acknowledged that while the named commissioning standard was referenced in the evidence review for children and young people with diabetes and periodontitis, it was not included in the adult one. The committee agreed to include the NHS England commissioning standard as an important reference. This has now been added on p.20 of the evidence review and in the guideline's rationale.
British Society of Periodontology	Evidence Review	General	General	It now seems appropriate given the evidence base within the review to include periodontal and oral health in the diabetes treatment care programme (https://www.england.nhs.uk/diabetes/treatment-care/). This would be a logical step given the excellent work NICE have engaged with here.	Thank you for your comment. The committee agrees with your comment, however, while NICE can make recommendations and provide guidance and evidence-based care pathways, the final decision in determining treatment and care programmes is made by the NHS.
British Society of Periodontology	Evidence Review	General	General	The S3-level treatment guideline for stages I-III of periodontitis is the first and currently only international S3-level clinical guideline in dentistry. The guideline was based on exhaustive systematic reviews and a formal consensus meeting. Adolopment took place for the United Kingdom and involved all relevant stakeholders including the GDC, BDA, OCDO, Royal Colleges, patients and members of the public. It is published in the Journal of Dentistry (West et al 2021, J Dentistry, 106, 105362) and should be cited as current “best practice”. Moreover, the BSA published their “For avoidance of doubt – phased-treatments” as a way of facilitating implementation of the S3- guideline within NHS dental practice. We recommend this is also cited as a practice guide to implementation of periodontal care for NHS level 1 practitioners (https://www.england.nhs.uk/wp-	Thank you for your comment and references. The committee considered your suggestion but agreed that NICE does not include cross-reference to other guidance like this in their recommendations.

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				content/uploads/2018/02/B0615-Update-to-avoidance-of-doubt-provision-of-phased-treatments-300621-.pdf).	
British Society of Periodontology	Evidence Review	General	General	There are a number of statements about underserved communities and access to oral care for those people with diabetes, particularly those from lower socio-economic backgrounds. The concept of free periodontal care is an important one for such groups, but would require level-2 commissioned services and would also require specific additional funding. The remit of and skill set required for level-2 periodontal care are outlined in the NHSE Commissioning Standard for Restorative Dentistry (Periodontal Care sections), as is the rational and protocol for “palliative periodontal care”. The commissioning of level-2 periodontal care requires a clear recommendation with acknowledgement of the requisite additional funding - https://www.england.nhs.uk/wp-content/uploads/2019/07/commissioning-standard-for-restorative-dentistry-v1.pdf).	Thank you for your comment. The economic analysis has taken into account the proportion of patients who receive free dental care under the current criteria, which include people who receive low income benefits. But, it is not within the remit of NICE to decide whether we could extend free NHS dental treatments to more population groups, and it depends on the commissioners and health care providers to increase capacity and improve access to dental services. However, the committee took your suggestion into account and decided to further highlight health inequalities and dental service access in the evidence review and in the guideline rationale. Restorative dentistry and palliative dental care are beyond the scope of this guidance.
British Society of Periodontology	Evidence Review	General	General	When diagnosed in patients with diabetes, periodontitis is associated with increased risk of cardio-renal complications. (IDF Clinical Guidelines Task Force. IDF Guideline on oral health for people with diabetes. Brussels, Belgium: International Diabetes Federation (IDF); 2009. Available from: https://www.idf.org/e-library/guidelines/83-oral-health-for-people-with-diabetes).	Thank you for your comment and reference. The aim of the evidence review was to assess improvements in HbA1c following the effectiveness of periodontal treatment to improve diabetic control. The evidence review did not look at effects on other diabetes complications. The committee agrees that periodontitis is associated with increased risk of cardio-renal complications and managing it would lower the risk of hyperglycaemia and consequently lower the risk of diabetic complications as per recommendation 1.15.1 of the NG17 guideline.

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British Society of Periodontology	Evidence Review	General	General	<p>Evidence from cost-effectiveness analyses showed that promotion of oral health measures will lead to reduced medical costs in patients with diabetes. (Swedish National Guidelines for Diabetes Care from the National Board of Health and Welfare – Support for governance and management. https://www.socialstyrelsen.se/publikationer2015/2015-4-12) (The Relationship between Periodontal Interventions and Healthcare Costs and Utilization. Evidence from an Integrated Dental, Medical, and Pharmacy Commercial Claims Database. Nasseh K, Vujcic M, Glick M. Health Econ. 2017 Apr;26(4):519-527). (Cost-effectiveness of non-surgical periodontal therapy for patients with type 2 diabetes in the UK. Solowiej-Wedderburn J, Ide M, Pennington M. J Clin Periodontol. 2017 Jul;44(7):700-707). (Impact of periodontal therapy on general health: evidence from insurance data for five systemic conditions. Jeffcoat MK, Jeffcoat RL, Gladowski PA, Bramson JB, Blum JJ. Am J Prev Med. 2014 Aug;47(2):166-74).</p>	<p>Thank you for your comment and references. The committee agrees that promotion of oral health measures will lead to better outcomes and reduced medical costs in people with diabetes. Oral health promotion is specifically covered in Recommendation 1.15.2 of the NG17 draft. The study by Nasseh was conducted in the US, so their cost figures were not applicable to the UK context. The paper by Solowiej-Wedderburn was used as one of the main references for the economic model.</p>
British Society of Periodontology	Evidence Review	General	General	<p>The S3-level guideline for managing stage IV of periodontitis has been published. https://onlinelibrary.wiley.com/doi/toc/10.1111/(ISSN)1600-051X.XVII-EUROPEAN-WORKSHOP-ON-PERIODONTOLOGY It commissioned a systematic review defining the effects of the treatment of periodontitis on systemic health outcomes including patients with diabetes. The systematic review concluded that the treatment of periodontitis reduces glucose levels irrespective of</p>	<p>Thank you for your comment and references. The evidence was assessing the effects of periodontal treatment on HbA1c levels in adults with diabetes. Other systemic conditions and systemic inflammation indices were beyond the scope of the review. However, the committee agrees that periodontitis is associated with increased risk of systemic inflammation and managing it would also lower the risk of hyperglycaemia and therefore other diabetic</p>

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				whether a patient suffer from periodontitis alone or with another co-morbidity (i.e. diabetes). Further there is overwhelming evidence that the treatment of periodontitis reduces systemic inflammation which is a recognized driver of diabetes complications. Orlandi M, Muñoz Aguilera E, Marletta D, Petrie A, Suvan J, D'Aiuto F. Impact of the treatment of periodontitis on systemic health and quality of life: A systematic review. J Clin Periodontol. 2021 Nov 17. doi: 10.1111/jcpe.13554.	complications. This is included in the Recommendation 1.15.1 of the draft guideline.
British Society of Periodontology	Guideline	004	008	Insert the word “successfully” before “...treating it...”. This is critical as periodontal treatment that is unsuccessful i.e. not designed to achieve a defined endpoint of health, has been shown to have no impact on glycaemic control (Borgnakke et al 2014, J Ev Based Dent. 14; 127-132. Doi: 10.1016/j.jebdp.2014.04.017).	Thank you for your input. The committee members discussed the suggestion to insert the word “successful” before “treating it” but did not agree to the change. The committee thought the overall success of periodontal treatment in people with diabetes depends on a plethora of factors such as diabetes control and HbA1c levels, the performance of the dental/oral health team, individual's compliance to the oral hygiene instructions, the individual risk of progression, lifestyle (e.g. smoking, diet) etc. However, based on your suggestion, the committee agreed to change the wording treating it with “managing it” to better encompass the different factors affecting the overall success of the periodontal treatment in the longer term.
British Society of Periodontology	Guideline	005	009	As above insert “successful” before “...periodontal treatment. Also use term “periodontitis” not “periodontal disease” as in point “1.” above.	Thank you for your comment. The committee members discussed the suggestion to insert the word “successful” before “treating it” but did not agree to the change. The committee thought the overall success of periodontal treatment in people with diabetes depends on a plethora of factors such as diabetes control and HbA1c levels, the performance of the dental/oral health

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					<p>team, individual's compliance to the oral hygiene instructions, the individual risk of progression, lifestyle (e.g. smoking, diet) etc.</p> <p>However, based on your suggestion, the committee agreed to change the word "treating it" with "managing it" to better encompass the different factors affecting the overall success of the periodontal treatment in the longer term.</p> <p>The committee members also agreed with your suggestion to replace "periodontal disease" with "periodontitis". Changes were made throughout evidence reviews, guidelines and recommendations.</p>
British Society of Periodontology	Guideline	005	018	As above insert "successful" before "...periodontal treatment.	<p>Thank you for your comment. The committee members discussed the suggestion to insert the word "successful" before "treating it" but did not agree to the change. The committee thought the overall success of periodontal treatment in people with diabetes depends on a plethora of factors such as diabetes control and HbA1c levels, the performance of the dental/oral health team, individual's compliance to the oral hygiene instructions, the individual risk of progression, lifestyle (e.g. smoking, diet) etc.</p> <p>However, based on your suggestion, the committee agreed to change the word "treating it with "managing it" to better encompass the different factors affecting the overall success of the periodontal treatment in the longer term.</p>
British Society of Periodontology	Guideline	General	General	The term "periodontal disease/s" is incorrectly used throughout the guideline. There are many forms of periodontal disease, as referred to in the 2018 world workshop international classification of periodontal diseases and conditions (Caton JG et al. 2018, J Clin	<p>Thank you for your comment. The committee members agreed with your suggestion to replace "periodontal disease" with "periodontitis". Changes were made throughout evidence reviews, guidelines and recommendations.</p>

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				Periodontol. 45 Suppl 20:S1-S8. doi: 10.1111/jcpe.12935). The guideline is only relevant to “periodontitis” and “gingivitis” which are plaque-induced inflammatory diseases. The term “Periodontitis” should be employed throughout instead of periodontal disease, with a short explanatory narrative as a context to accompany. This applies to headings (e.g. page 5, line 5) as well as the main text.	
British Society of Periodontology	Guideline	General	General	Replace the term “dental checks” with “oral health examination” – dental refers to teeth but the oral cavity is far more complex than just the teeth. For example, the periodontal tissues are not teeth, the surround and support the teeth.	Thank you for your comment. The committee accepted your suggestions and now “dental checks” is replaced with “oral health review” throughout the guideline and evidence review. Also, the referenced NICE guideline on dental checks has been amended to reflect its full title and this now reads “NICE guideline on dental checks: intervals between oral health reviews “
British Society of Periodontology	Guideline	General	General	As above, please use the term “oral healthcare/dental team” rather than just “dental team” throughout. The mouth is connected to the rest of the body and the dental (tooth) aspects are just one component of a larger more complex organ (the mouth).	Thank you for your comment. The committee accepted your suggestions and now “dental team” is replaced with “oral healthcare or dental team” throughout the guideline and evidence review.
British Society of Periodontology	Guideline	General	General	The focus here is on periodontal treatment in people with type 2 diabetes. There is no mention of primary prevention of periodontitis by treating gingivitis (Chapple ILC et al, J Clin Periodontol. 2015 : 42(s16) ; 71-76. Doi: 10.1111/jcpe.12382). This is the most cost effective way of managing periodontitis in any patient (The Economist Intelligence Unit - https://impact.economist.com/perspectives/sites/default/files/eiu-efp-oralb-gum-disease.pdf) We appreciate that there is limited data on primary prevention of periodontitis in people with diabetes, however, some mention of treatment of gingivitis is	Thank you for your comment and references. The reviewed evidence was assessing the effect of periodontal treatment on diabetes control in people with diabetes and periodontitis and prevention was beyond the scope of these guidelines. However, the committee agrees that maintaining gingival health to help prevent or manage periodontitis in people with diabetes requires promoting and supporting positive oral health behaviours and regular dental prophylaxis which is reflected in recommendations 1.15.1-3 of the NG17 draft guideline

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				warranted given that periodontitis does not develop in the absence of gingival inflammation.	aimed at prevention of periodontitis and oral health promotion.
British Society of Periodontology	Guideline	General	General	There should be some emphasis on oral diseases in general in addition to periodontal diseases in people with any type of diabetes. Dental caries, dry mouth and an alarming increase in oral cancers in patients with diabetes should be highlighted. Oral diseases should be included within the assessment of diabetes-related complications and other comorbidities that affect people with diabetes. (The relationship between oral diseases and diabetes. D'Aiuto F, Gable D, Syed Z, Allen Y, Wanyonyi KL, White S, Gallagher JE. Br Dent J. 2017 Jun 23;222(12):944-948).	Thank you for your comment and reference. While the committee agrees that people with diabetes are at increased risk of oral diseases, the review question was assessing the effects of periodontal treatment on HbA1c level in adults with diabetes. Dental caries, dry mouth and other oral diseases in people with diabetes were not within the scope of this review.
British Society of Periodontology	Guideline	General	General	Some references to suggesting oral health assessment in people with diabetes from other guidelines within diabetes care could be referenced (Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Medical Care in Diabetes 2019 Diabetes Care 2019;42(Suppl. 1): S34–S45).	Thank you for your comment. and reference. Committee members acknowledged the lack of identified evidence for the target population and used their clinical experience and analysis of the evidence in forming its recommendations. For more information on NICE methods, please see Developing NICE guidelines: the manual
British Society of Periodontology	Guideline	General	General	The International Diabetes Federation first produced a Guideline on the importance of Oral Health including Periodontal Diseases which is still relevant even if the evidence was reviewed more than 10 years ago and an update should be published. (IDF Clinical Guidelines Task Force. IDF Guideline on oral health for people with diabetes. Brussels, Belgium: International Diabetes Federation (IDF); 2009. Available from: https://www.idf.org/e-library/guidelines/83-oral-health-for-people-with-diabetes).	Thank you for your comment and reference. Committee members acknowledged the lack of evidence for the target population and used several documents to guide decision making. The committee were aware of the IDF guidelines, and used their own clinical experience and analysis of the evidence to inform their decision making. For more information on NICE methods, please see Developing NICE guidelines: the manual

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British Society of Periodontology	Guideline	General	General	<p>The advice that patients with diabetes should be referred to a dentist for comprehensive dental and periodontal examination has also been published by the Canadian Diabetes Community and Swedish National Guidelines.</p> <p>Clinical Practice Guidelines Introduction Diabetes Canada Clinical Practice Guidelines Expert Committee, Can J Diabetes 42 (2018) S1–S5) (Swedish National Guidelines for Diabetes Care from the National Board of Health and Welfare – Support for governance and management. https://www.socialstyrelsen.se/publikationer2015/2015-4-12)</p>	<p>Thank you for your comment and reference. Committee members acknowledged the lack of identified evidence for the target population and used their clinical experience and analysis of the evidence in forming its recommendations. . For more information on NICE methods, please see Developing NICE guidelines: the manual</p> <p>However, the committee agrees that the proposed recommendations are also in agreement with other international guidelines.</p>
British Society of Periodontology	Guideline	General	General	<p>The Patient Forum, led by Professor Ian Needleman, is made up of a group of volunteers who regularly meet to share their experiences and ideas. The Forum was established in 2017 to give a voice to the community to help shape the future of gum health in the UK and to work with our Society. The guideline draft was reviewed by a member of the Forum and comments are reported below:</p> <p><i>I have read all these documents and clicked all the links. It all looks good to me, I can't make any suggestions. Let's hope that people will soon associate periodontal disease with diabetes in the same way that we currently associate it with eye disease and foot problems e.g. even I know that these conditions are related just through my general reading of articles in magazines, tv programmes etc.</i></p> <p>(https://www.bsperio.org.uk/patients/bsp-patient-forum#:~:text=The%20Patient%20Forum%2C%20led%20by,to%20work%20with%20our%20Society.)</p>	<p>Thank you for your positive comment. The committee agrees and recommends that the increased risk of periodontitis be routinely discussed as a potential complication of diabetes alongside eye disease and diabetes related foot problems.</p>

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Diabetes UK	Guideline	004	004	<p>Rec 1.15.1 – Diabetes UK welcomes the inclusion of this recommendation concerning the higher risk of periodontal disease people with diabetes face and the benefits of treating periodontal disease for blood glucose management. However, we feel that it should also highlight the importance of optimal management of blood glucose levels to reduce the risk of periodontal disease in the first place and make the bidirectional relationship between diabetes and periodontitis clear.</p> <p>Reference: Maia, M. B. <i>et al.</i> (2022) "Knowledge of Bidirectional Relationship between Diabetes and Periodontal Disease among Diabetes Patients: A Systematic Review," <i>International journal of dental hygiene</i>, (2022)0126). doi: 10.1111/idh.12586.</p>	<p>Thank you for your comment and references. The committee acknowledged the existence of a bidirectional link between diabetes and periodontitis; however, the evidence review was assessing the effect of periodontal treatment on glucose control. The effect of glucose control on reducing the risk of periodontal disease was beyond the scope of the evidence review.</p>
Diabetes UK	Guideline	004	012	<p>Rec 1.15.2 – We support this recommendation for a regular oral health review and welcome the findings of the research questions in the signposted guidance 'Dental checks: intervals between oral reviews' [CG19] regarding the appropriate length between interventions for different population groups including people with diabetes.</p> <p>Lack of access to dental services disproportionately affect the most vulnerable and socially disadvantaged individuals and groups in society and it is vital that services are tailored to support them effectively. We would also welcome consideration of community interventions such as pharmacists to deliver oral health education.</p>	<p>Thank you for your positive comment and suggestions. The economic analysis has considered the proportion of patients who receive free dental care under the current criteria, which includes people who receive low-income benefits. However, it is not within the remit of NICE to decide whether we could extend free NHS dental treatments to more population groups, and it depends on the commissioners and health care providers to increase capacity and improve access to dental services. But the committee agreed to further highlight the needs of disadvantaged population and lack of dental services beyond the evidence review and include this in the guideline rationale.</p> <p>The committee further discussed and agreed with your suggestion to consider pharmacists in delivering oral health advice and education. Providers of healthcare</p>

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Diabetes UK	Guideline	004	015	Rec 1.15.3 – Consider updating the signposted guidance on Oral health promotion [NG30] as does not include references to e-cigarettes and vaping currently	Thank you for your response. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date
Juvenile Diabetes Research Foundation (JDRF)	Guideline	004	005	Whilst we agree with the new recommendation to advise adults with type 1 diabetes about their higher risk of periodontal disease and to have regular oral health reviews, we would suggest exploring adding dental screening to the list of annual key care processes for people with type 1 diabetes, as listed in NG17. A supporter told us: “it is the sort of thing that gets side-lined (often due to expense), however receiving an indication to get it done, will help make us prioritise it.”	Thank you for your comment. The committee considered this issue and agreed that dental screening would be covered by recommendation 1.2.6 in NG17 which outlines that individual care plans should include complications monitoring and management. This will include oral health screening. Recommendation 1.2.5 also outlines that individual care plans should be reviewed annually.
Juvenile Diabetes Research Foundation (JDRF)	Guideline	004	019	Given that those in the most deprived quintile are less likely to receive all eight care processes recommended by NICE than those in the least deprived quintile, we would recommend including extra measures for health professionals to proactively engage with people from hardly reached or disadvantaged communities to make sure they are supported to attend regular dental appointments. ¹	Thank you for your comment. The need to reduce inequalities between patients in access to, and outcomes from, healthcare services is set out in the Commissioning Standard for dental care for people with Diabetes (cross-referenced in the guideline rationale and evidence review). The purpose of this standard is to ensure that people with diabetes can access effective oral healthcare services with the aim of improving their general and oral health. However, the

¹ Social Inequality and Diabetes: A Commentary; <https://link.springer.com/article/10.1007/s13300-020-00791-4>

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Juvenile Diabetes Research Foundation (JDRF)	Guideline	General	General	JDRF suggests that a recommendation for research is made around a data analysis on periodontal disease and type 1 diabetes, since most of the research has been focused on type 2 diabetes.	Thank you for your comment. The Committee acknowledged the lack of evidence. However, despite the lack of evidence especially on type 1 diabetes, the committee did not make any recommendations for future research. It was thought the clinical findings based on type 2 diabetes and the cost-effectiveness in both diabetes types were sufficient to make the recommendations and future research was unlikely to change the conclusions.
NHS England and NHS Improvement	Guideline	001	007	Current literature online and in paper provided by NHS and non-NHS services regarding diabetes checks does not include dental advice. Many adults with diabetes are reliant on such information. I wonder whether there should be reference to providers of health care advice and education within the target audience.	Thank you for your comment. The committee members agreed with your suggestion and now providers of healthcare advice and education have been included in Box 1 of the Guideline: Who is it for?
NHS England and NHS Improvement	Guideline	004	008	This key piece of information is not currently widely shared in GP checks and patients will benefit from this guideline being flagged as of relevance in primary medical care and health education settings. Particularly because the title suggests a narrower focus around existing dental disease.	Thank you for your comment. The committee members agreed with your suggestion and now providers of healthcare advice and education have been included in Box 1 of the Guideline: Who is it for?
NHS England and NHS Improvement	Guideline	006	003	When access to dental care is limited, patients historically contact their GP practice for advice. This may increase as more people with diabetes become aware of the importance of regular dental checks and could be mitigated by inclusion of the advice to contact	Thank you for your comment. The committee agrees that GPs would often be the first line contact for dental advice when access to dental care is limited. However, regarding emphasis on dental/ oral healthcare teams, the committee members thought this is already sufficiently covered in the guideline and

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				your dentist not your GP in adjustments to diabetes-related literature.	recommendations 1.15.2-4 of NG17; 1.7.2-4 of NG28, and 1.2.112-3 and 1.3.42-3 of NG18. These recommendations explicitly state refer people with diabetes to their dental/ oral healthcare teams for oral health advice, regular oral health review and treatment. The role of the GPs is to raise awareness and discuss the increased risk of periodontitis among adults, children and young people with diabetes as outlined in recommendations 1.15.1 (NG17), 1.7.1 (NG28) and 1.3.41.and 1.2.111 (NG18)
NHS England and NHS Improvement	Guideline	General	General	This guideline has the potential to prompt significant improvements in diabetes care and the health of those individuals. I note however that dental care is not free of charge for adults with diabetes and there is a significant possibility that health inequalities in adults with diabetes could be increased. This could be magnified further if capacity issues persist. Of course, this should not obstruct communication of this guidance but is a point of consideration for commissioners and providers.	Thank you for your comment. The committee agrees and is aware of the possible implementation issues. The economic analysis has considered the proportion of patients who receive free dental care under the current criteria, which includes people who receive low-income benefits. While it is not within the remit of NICE to decide whether we could extend free NHS dental treatments to more population groups as it depends on the commissioners and health care providers to increase capacity and improve access to dental services, the committee agreed to further highlight capacity issues and health inequalities in the evidence review and guideline's rationale.
Royal College of Nursing	Guideline	General	General	It is really good that there is now an emphasis on regular dental checks and the links to diabetes. This guidance for T1 and T2 will also help with policy development and management within adult social care.	Thank you for taking the time to review the draft guideline documents and for your positive comment.

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

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