

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
All Wales Diabetes Patient Reference Group	Guideline	General	General	The All Wales Diabetes Patient Reference Group felt that the Guideline is clear and understandable	Thank you for taking the time to review the draft guideline documents and for your positive comment.
All Wales Diabetes Patient Reference Group	Guideline	General	General	The language used in the guideline is acceptable to service users	Thank you for taking the time to review the draft guideline documents and for your positive comment.
All Wales Diabetes Patient Reference Group	Guideline	General	General	Awareness needs to be raised about Periodontal Health with diabetes via Diabetes Education and via Dental appointments	Thank you for your comment. The committee believes that the guideline once published, will raise awareness of the increased risk of periodontal disease in children and young people with diabetes among all stakeholders.
All Wales Diabetes Patient Reference Group	Guideline	General	General	Dentists will need to be proactive in telling People with T1 and T2 Diabetes about potential risks and reviewing care at each appointment	Thank you for your comment. The committee are in agreement with your comment.
All Wales Diabetes Patient Reference Group	Guideline	General	General	There needs to be more Dentists available and this could cause a cost implication as more places are needed at medical Schools.	Thank you for your comment. The committee agrees with your comment; however, it is not part of NICE's remit to increase the number of NHS dentists. Commissioners should work towards addressing any unmet need in periodontal services and develop a plan to address this, as outlined in the Commissioning Standard for dental care for people with Diabetes. The Department of Health and the Higher Education Funding Council for England share responsibility for reviewing and determining the dental school undergraduate intakes in England to ensure an adequate and affordable supply of good quality trained dentists.

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
All Wales Diabetes Patient Reference Group	Guideline	General	General	Users could overcome challenges by finding out more information and the impact that Periodontal health can cause. This will Empower them to be more proactive in self managing their Diabetes	Thank you for your comment. The updated NG18 guideline has added: <i>the importance of good oral hygiene and regular dental check-ups, for preventing periodontitis</i> to the continuing programme of education for children and young people with diabetes.
Association of Paediatric Emergency Medicine (APEM)	Guideline	General	General	APEM do not have any comments for this guideline.	Thank you for your comment and taking the time to review the draft guideline documents.
British Society of Periodontology	Evidence Review	General	General	There is no mention of the NHSE commissioning standard on "Dental Care for People with Diabetes" ( <a href="https://www.england.nhs.uk/wp-content/uploads/2019/08/commissioning-standard-dental-care-for-people.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/08/commissioning-standard-dental-care-for-people.pdf</a> ). This seems to be a document that supports the NICE guideline and its inclusion is recommended.	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 reference provided in your comment is already included in the evidence review for children and young people in p.9 as a supporting document for decision making. However, it was now also highlighted 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 for children and young patients ( <a href="https://www.england.nhs.uk/diabetes/treatment-care/">https://www.england.nhs.uk/diabetes/treatment-care/</a> ).	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 the treatment and care programmes is made by the NHS.
British Society of Periodontology	Evidence Review	General	General	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. <a href="https://www.socialstyrelsen.se/publikationer2015/2015-4-12">https://www.socialstyrelsen.se/publikationer2015/2015-4-12</a> )	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 1.2.113 and 1.3.43 of the NG18 draft guideline for children and young people with type 1 and type 2 diabetes. The study by Nasseh was conducted in the US, so that their cost figures were not applicable to the UK context.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
				<p>(The Relationship between Periodontal Interventions and Healthcare Costs and Utilization. Evidence from an Integrated Dental, Medical, and Pharmacy Commercial Claims Database. Nasseh K, Vujicic M, Glick M. Health Econ. 2017 Apr;26(4):519-527).</p> <p>(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).</p> <p>(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>	The paper by Solowiej-Wedderburn was used as one of the main references for the economic model.
British Society of Periodontology	Evidence Review	General	General	<p>The S3-level guideline for managing stage IV of periodontitis has been published.  <a href="https://onlinelibrary.wiley.com/doi/toc/10.1111/(ISSN)1600-051X.XVII-EUROPEAN-WORKSHOP-ON-PERIODONTOLOGY">https://onlinelibrary.wiley.com/doi/toc/10.1111/(ISSN)1600-051X.XVII-EUROPEAN-WORKSHOP-ON-PERIODONTOLOGY</a></p> <p>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 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.</p> <p>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.</p>	Thank you for your comment and references. The evidence in question was assessing the effects of periodontal treatment on HbA1c levels in children and young people with diabetes, however, evidence that matched the PICO-criteria was not found. Other systemic conditions and systemic inflammation indices were beyond the scope of the review. Furthermore, 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 complications. This is included in recommendations 1.2.1 and 1.3.41 of the draft NG18 guideline

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
British Society of Periodontology	Evidence Review	General	General	It is acknowledged that there are no clinical trials evaluating the effect of the treatment of periodontal diseases in young patients and children with diabetes, nevertheless it might be appropriate reference in the guideline of the next best level of evidence on the association between diabetes and poorer oral health in young patients. A famous and well-designed/powerful observational case-control study clearly demonstrated how children as young as 9-11 years old when suffering from diabetes have worse dental and periodontal parameters when compared to their respective healthy controls (Lalla E, Cheng B, Lal S, Tucker S, Greenberg E, Goland R, Lamster IB. Periodontal changes in children and adolescents with diabetes: a case-control study. <i>Diabetes Care</i> . 2006 Feb;29(2):295-9).	Thank you for your comment and reference. In this evidence review randomised controlled trials (RCTs), systematic reviews of RCTs, prospective and retrospective cohort studies, non-randomised controlled trials, controlled before-and-after studies and before-and-after studies were considered (as stated in section 1.1.3 Methods and processes in the evidence review). The suggested paper looked at the presence of dental caries and periodontal disease in children and adolescents (6-18 years of age) with diabetes and nondiabetic control subjects. The paper did not examine the management of periodontitis. This paper therefore did not satisfy our evidence review inclusion criteria.
British Society of Periodontology	Guideline	004	008	Insert the word “successfully” before “...treating it...”. This is critical as unsuccessful treatment of periodontitis i.e. not achieving a defined endpoint of health, has been shown to have no impact on systemic health outcomes including metabolic control (Borgnakke et al 2014, <i>J Ev Based Dent</i> . 14; 127-132. Doi: 10.1016/j.jebdp.2014.04.017).	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. 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 and reference. The committee members discussed the suggestion to insert the word “successful” before “treating it” but did not agree

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
					<p>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 wording "treating it" with "managing it" to better encompass the different factors affecting the overall success of the periodontal treatment in the longer term. The committee members agreed with your second suggestion and the term "periodontal disease" has now been changed to "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 and reference. 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 wording "treating it" with "managing it" to better encompass the different factors affecting the overall success of the periodontal treatment in the longer term.</p>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
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 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.	Thank you for your input. The committee members agreed with your suggestion and the term “periodontal disease” has now been changed to “periodontitis. Changes were made throughout evidence reviews, guidelines and recommendations.
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 amended to “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.	Thank you for your comment. The committee accepted your suggestion and now the term “dental team” is amended to “oral healthcare or dental team” throughout the guidelines and evidence reviews.
British Society of Periodontology	Guideline	General	General	The focus in younger populations with both forms of diabetes should be primary prevention of periodontitis by treatment of 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 - <a href="https://impact.economist.com/perspectives/sites/default/files/eiu-efp-oralb-gum-disease.pdf">https://impact.economist.com/perspectives/sites/default/files/eiu-efp-oralb-gum-disease.pdf</a> )	Thank you for your comment and references. The reviewed evidence was assessing the effect of periodontal treatment on diabetes control in children and young people (CYP) with diabetes and periodontitis and prevention was beyond the scope of these guidelines. However, despite of lack of evidence and extrapolating from the findings of the adult population, the committee agreed that maintaining gingival health to help prevent or manage periodontitis in requires promoting and

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
					supporting positive oral health behaviours and regular dental prophylaxis which is reflected on the proposed recommendations. Prevention and oral health promotion are included in the recommendations 1.2.1 and 1.2.111-3 for CYP with diabetes type 1 and recommendations 1.3.3 and 1.3.41-3 of the NG18 draft guidelines.
British Society of Periodontology	Guideline	General	General	There might be value in highlighting that free NHS Dental treatment is available for all children and teenagers under 19 years in full time education. The guideline could emphasize the role of medical and diabetes care professionals in signposting children/young patients with their families to a dental assessment.	Thank you for your comment. The committee agrees with your suggestions to highlight that free NHS dental treatment is available for all children and teenagers under 18 and all under 19 years in full time education. This will now be highlighted in the guideline rationale and included in the evidence review. The committee members also agree that diabetes professionals should discuss the risk of periodontal disease as a routine part of annual reviews, alongside eye disease and foot problems. This has now been highlighted in the evidence review and also in recommendations 1.3.3 and 1.2.1 in NG18 guideline. Furthermore, to account for children's and young people's unique circumstances, a personalised approach to periodontal prevention and management is emphasised in recommendations 1.2.112 and 1.3.42.
British Society of Periodontology	Guideline	General	General	More emphasis in the guideline should be given on oral diseases in general in addition to periodontal diseases in young 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	Thank you for your comment and reference. The evidence in question was assessing the effects of periodontal treatment on HbA1c levels in children and young people (CYP) with diabetes. Dental caries, dry mouth, and oral diseases in CYP with diabetes were not within the scope of this review.

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
				S, Gallagher JE. Br Dent J. 2017 Jun 23;222(12):944-948).	
British Society of Periodontology	Guideline	General	General	Some references suggesting oral health assessment in young people with diabetes from other guidelines 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 <a href="#">Developing NICE guidelines: the manual</a>
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: <a href="https://www.idf.org/e-library/guidelines/83-oral-health-for-people-with-diabetes">https://www.idf.org/e-library/guidelines/83-oral-health-for-people-with-diabetes</a> ).	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 <a href="#">Developing NICE guidelines: the manual</a>
British Society of Periodontology	Guideline	General	General	The advice that young 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. 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. <a href="https://www.socialstyrelsen.se/publikationer2015/2015-4-12">https://www.socialstyrelsen.se/publikationer2015/2015-4-12</a> )	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 used their own clinical experience and analysis of the evidence to inform their decision making.. For more information on NICE methods, please see <a href="#">Developing NICE guidelines: the manual</a> The committee agrees with your comment that children and young people should be advised on the increased risk of periodontitis and should be referred to their oral healthcare/ dental team for comprehensive oral health

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
					reviews. This is also in line with other international guidelines.
Diabetes UK	Guideline	005 - 006	002	<p>Recs 1.2.111 and 1.3.41 - We welcome the inclusion of these recommendations 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 they 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: Zainal Abidin, Z. <i>et al.</i> (2021) "Periodontal Health Status of Children and Adolescents with Diabetes Mellitus: A Systematic Review and Meta-Analysis," <i>Australian Dental Journal</i>, 66, p. 26. doi: 10.1111/adj.12845.</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.
Diabetes UK	Guideline	005 - 006	009	<p>Recs 1.2.112 and 1.3.42 - We support these recommendations 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.</p> <p>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 the disadvantaged population and lack of dental services beyond the evidence review and decided to include this in the guideline rationale.</p>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
				References: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf</a>  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773653/Adults_with_learning_disabilities_dental_summary.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773653/Adults_with_learning_disabilities_dental_summary.pdf</a>	The committee further discussed and agreed with your suggestion to consider pharmacists in delivering oral health advice and education. Providers of healthcare advice and education have now been included in Box 1 of the Guideline: Who is it for?
Diabetes UK	Guideline	005 - 006	012	Recs 1.1.113 and 1.3.43 - 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	005	002	Whilst we agree with the new recommendation to advise children and young people 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 children and young people with type 1 diabetes, as listed in NG18.	Thank you for your comment. The committee considered this issue and agreed that dental screening would be covered by the ongoing integrated package of care offered to children and young people with diabetes provided by a multidisciplinary paediatric diabetes team (rec 1.5.1)
Juvenile Diabetes Research Foundation (JDRF)	Guideline	005	013	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 children and young people from hardly reached or disadvantaged communities to make sure they are supported to attend regular dental appointments. <sup>1</sup>	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. 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 committee discussed your suggestion and agreed to further highlight the need for proactive engagement and enhanced support which may broaden

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

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
					access to dental and oral healthcare and help to reduce health inequalities in the guideline rationale.
Juvenile Diabetes Research Foundation (JDRF)	Guideline	006	020	JDRF suggests that a recommendation for research is made around a data analysis on periodontal disease and type 1 diabetes in children and young people, since most of the research has been focused on type 2 diabetes and adults.	Thank you for your comment. The committee did not suggest any recommendations for future research as periodontitis is a rare condition among children and young people. The committee thought that further research is unlikely to change the recommendations aimed at prevention of periodontitis among children and young people.
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 families 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	005	005	This key piece of information is not currently widely shared in primary care services and CYP/families 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. While the guidance is intended to healthcare professionals who care for people with diabetes, including those working in dental services already encompasses primary medical care, 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	007	015	When access to dental care is limited, the public historically contact their GP practice for advice. This may increase as more parents of children/YP with diabetes become aware of the importance of regular dental checks and could be mitigated by inclusion of the advice to contact your dentist not your GP in adjustments to diabetes-related literature.	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 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.

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

## Diabetes (type 1 and type 2) in children and young people: diagnosis and management – Periodontal disease

### Consultation on draft guideline - Stakeholder comments table 30/03/2022 – 27/04/2022

Stakeholder	Document	Page No	Line No	Comments	Developer's response
					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	Capacity and access to dental services will need to be an ongoing matter of review for commissioners and service providers to ensure that this awareness does not increase health inequalities within this population.	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. 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 committee agreed with your suggestion to further highlight this beyond the evidence review and this is now also included in the guideline rationale.
Royal College of Nursing (RCN)	Guideline	General	General	We do not have any comments to add on this consultation. Thank you for the opportunity to contribute.	Thank you for taking the time to review the draft guideline documents.
Royal College of Paediatrics and Child Health (RCPCH)	Guideline	General	General	The reviewer is happy with this comprehensive diabetes guideline for children.	Thank you for your positive comment and your time to review the draft guideline documents.
Royal College of Paediatrics and Child Health (RCPCH)	Guideline	General	General	It is very important to highlight and agree with the comments	Thank you for your positive comment and your time to review the draft guideline documents.

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

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*