Type 2 diabetes in adults: diagnosis and management – periodontal disease

Consultation on draft guideline - Stakeholder comments table
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British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	007	Outcomes	Thought it was interesting that changes in inflammation /bleeding wasn't mentioned	Thank you for your comment. The aim of the evidence review was to assess improvements in HbA1c following periodontal treatment among adults with diabetes. The committee thought that changes in BOP and inflammation as important oral health indices would be improved following periodontal treatment.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	008	016	It is encouraging that COH and NICE worked together with the evidence	Thank you for your positive comment and your time to review the draft guideline documents.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	009	026	Why did the NICE development team not conduct their own searches for evidence?	Thank you for your comment. This is part of the collaborative agreement between NICE and Cochrane to deliver living guidelines which was officially signed in September 2021. Our research question and PICO criteria were fully aligned. The use of high-quality Cochrane reviews as a primary source of evidence is also part of NICE Methods. This is detailed in the methods section (p. 8) and Appendices A and B of the evidence review. For further information on NICE methods, please see Developing NICE guidelines: the manual
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	010	011	Not many long -term studies showing that this- does this need to be considered on a longer scale?	Thank you for your comment. The Committee acknowledged the lack of long-term evidence. However, despite of the lack of evidence, the committee did not make any recommendations for future research. It was thought the clinical findings for 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. Our Surveillance team is monitoring any future research evidence that might potentially impact current recommendations.

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British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	010	024	It has been acknowledged that the studies included are deemed high risk to bias due to blinding and clinical operator, could the bias also come from the sponsorship of the studies? Has this been acknowledged in the evidence with regards to conflict of interests.	Thank you for your comment. Conflict of interest was considered for each included study under the domain: other bias. Information on risk of bias and the cumulative risk of bias judgements for each study can be found in Appendix E of the Evidence review. Overall risk of bias was accounted for in the GRADE-analyses (Appendix G) in line with NICE methods (Appendix B) of the evidence review.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	014	006	There is very little evidence surrounding the cost effectiveness, although anecdotally I agree with the evidence, there is however very little evidence. Should NICE not be recommending further research in this space and support funding surrounding economic benefit.	Thank you for your comment. The committee agreed that the economic evidence from our original modelling was sufficient to support the cost-effectiveness of periodontal treatment for people with diabetes, and therefore it was deemed not necessary to recommend further research into the economic benefit around periodontal treatment.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	019	003	I agree with the decision of the committee to include CAL, PPD and HbA1c are important outcomes to assess the link between diabetes and periodontitis.	Thank you for your positive comment. The committee agrees that CAL, PPD and HbA1c are important outcomes to assess the bidirectional link between these two conditions.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	021	030	I agree the new recommendations will increase awareness of all healthcare professionals and hopefully have a positive contribution towards a multidisciplinary approach	Thank you for your positive comment. The committee agrees that periodontitis should be routinely discussed as a potential complication of diabetes alongside eye disease and diabetes related foot problems. Also, the committee agrees that the multidisciplinary approach would be a step forward towards achieving comprehensive care and has the potential to improve consistency in service delivery and consequently diabetes management and oral health outcomes.
British Society of Dental Hygiene and Therapy (BSDHT)	Evidence review	022	026	I agree that current access to NHS dentistry – particularly periodontal services is a major concern and that is why a clear pathway in how these changes are going to be managed is important.	Thank you for your supportive comment. The committee agrees and acknowledges that periodontal services and clear pathways are important for the future implementation of the guidance.

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British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	004	006	I agree adults with type 2 diabetes are at higher risk of periodontal disease	Thank you for your supportive comment and your time to review the draft guideline documents.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	004	007	I agree that treating periodontal disease can improve blood glucose levels and reduce risk of hyperglycaemia and hypoglycaemia (abnormalities in blood glucose levels), and their risk of insulin resistance	Thank you for taking the time to review the draft guideline documents and for your positive comment.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	004	011	I agree that adults with type 2 diabetes should have frequent oral health reviews	Thank you for your comment which is in line with the proposed recommendations.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	004	016	Agree, although as acknowledged in the evidence how do we best support and fund the dental teams in providing this level of care	Thank you for your comment which is in line with the evidence review. Although it is not within NICE remit to assess the capacity of dental services, the committee agreed to further highlight this issue in the evidence review as well as in the guideline rational.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	005	010	Agree with this comment and agree is it a risk adults should be informed of at their annual review alongside risk of eye/foot problems	Thank you for your positive comment. The committee members agree discussions about the risk of periodontal disease should be a routine part of annual reviews, alongside eye disease and foot problems
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	005	013	100% agree, this should be routinely carried out by diabetic practitioners	Thank you for your positive comment. The committee members agree discussions about the risk of periodontal disease should be a routine part of annual reviews, alongside eye disease and foot problems
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	005	015	Although very limited evidence, it was shown to be cost effectiveness to manage periodontal disease in relation to diabetes	Thank you for your comment. The committee agreed that the economic evidence from our original modelling was sufficient to support the cost-effectiveness of periodontal treatment for people with diabetes.

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British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	005	023	Agree with this but it does increase the appointment time needed	Thank you for your comment. The committee considered your suggestion and reworded recommendation 1.7.4 (1.15.4) to reflect the need for personalised care tailored to individual's personal and oral health needs. Analysis of different stages / timing of periodontal treatment was shown to be cost-effective. However, it is not within the remit of NICE to assess the capacity of the dental service, and it depends on the commissioners and health care providers to increase capacity and improve access to their services.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	006	004	It is really important to acknowledge the impact the oral health reviews will have on an already stretched NHS dental service	Thank you for your comment. The impact that the implementation of this guidance could have on the dental service have been already flagged in the evidence review. However, the committee discussed this again and agreed that capacity issues should be further highlighted, and this has now been included in the guideline's rationale.
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline	006	005	I think this point is important to introduce a clear pathway so that the time is allowed, Appointments are already stretched with lots of advice regarding risk factors for periodontal disease discussed.	Thank you for your comment. The impact that the implementation of this guidance could have on the dental service have been already flagged in the evidence review. However, the committee discussed this again and agreed that capacity issues should be further highlighted, and this has now been included in the guideline's rationale
British Society of Dental Hygiene and Therapy (BSDHT)	Guideline & Evidence review	General	General	There is reference throughout to non-surgical periodontal treatment as 'Scaling and root planing'. The current and accepted term to use is supra and subgingival professional mechanical plaque removal (PMPR) Root planning is very old in an incorrect term to use, root surface debridement (RSD)would be a more acceptable term.	Thank you for your comment. The committee agrees and indeed is aware of the new nomenclature of non-surgical periodontal treatment. Our PICO table (Evidence review p7) describes all the various non-surgical periodontal treatment types (and terms used) with further explanation in the 1.1.3 Methods and processes lines 39-44. Whenever possible, we tried to avoid using the term 'scaling and root planing' / "scaling and polishing" and

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					replace them with sub and supra gingival instrumentation in the review (though most studies use this very terms). The committee thought these terms are still widely used among the public and thus easily recognised and interpreted and should not be removed. However, to be in line with the current terminology, the committee agreed to highlight this in the evidence review. The sentence: "To increase acceptance, the terms such as scaling and root planning or scaling and polishing although no longer in use when referring to non-surgical periodontal treatment, were not replaced with the new terminology as these are still widely recognised by the general population" has now been added.
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 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 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	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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				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-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. 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.

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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 risk of cardio-renal complications was beyond the scope of this guidelines. The aim of the evidence review was to assess improvements in HbA1c following periodontal treatment among adults with diabetes and did not look at its 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 other diabetic complications as per recommendation 1.7.1 in the NG28 guideline.
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. 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, Vujicic 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,	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 Recommendations 1.7.1-3 of the NG28 draft guideline. The study by Nasseh was conducted in the US, so that 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.

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				Bramson JB, Blum JJ. Am J Prev Med. 2014 Aug;47(2):166-74).	
British Society of Periodontology	Evidence Review	General	General	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 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.	Thank you for your comment and references. The evidence review assessed 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 lower the risk of hyperglycaemia and therefore other diabetic complications. This is outlined in section 1.7 – managing complications of the NG28 guideline.
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	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.

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				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 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. 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 suggestion and now the term "dental team" is amended to "oral health or dental team" throughout the guidelines and evidence reviews.
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 warranted given that periodontitis does not develop in the absence of gingival inflammation.	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 agreed 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 on the proposed recommendations. Prevention and oral health promotions are included in the recommendations 1.7.1-1.7.3 of the NG28 draft guidelines.
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	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

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				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).	levels 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 d2019 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
British Society of Periodontology	Guideline	General	General	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. Clinical Practice Guidelines Introduction Diabetes Canada Clinical Practice Guidelines Expert Committee, Can J Diabetes 42 (2018) S1–S5)	Thank you for taking the time to review the draft guideline documents and for your positive comment.

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				(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)	
British Society of Periodontology	Guideline	General	General	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: *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.* (https://www.bsperio.org.uk/patients/bsp-patient-forum#:~:text=The%20Patient%20Forum%2C%20led%20by,to%20work%20with%20our%20Society.)	Thank you for taking the time to review the draft guideline documents and for your positive comment.
British Society of Periodontology	Guideline	004	007	Insert the word "successfully" before "…can improve their….". 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 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

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					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 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. The committee members also agreed with your suggestion to replace "periodontal disease" with "periodontitis". Changes were made throughout evidence reviews, guidelines and recommendations.
British Society of Periodontology	Guideline	005	015	As above insert "successful" before "…periodontal treatment.	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

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					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.
Diabetes UK	Guideline	004	004	Rec 1.7.1 – 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. Reference: Maia, M. B. *et al.* (2022) "Knowledge of Bidirectional Relationship between Diabetes and Periodontal Disease among Diabetes Patients: A Systematic Review," *International journal of dental hygiene*, (20220126). doi: 10.1111/idh.12586.	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	004	004	Rec 1.7.2 **-** 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.	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 the

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				Lack of access to dental services disproportionally 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. References: 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/773653/Adults_with_learning_disabilities_dental_summary.pdf	disadvantaged population and lack of dental services beyond the evidence review and decided to include this in the guideline's rationale. 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	004	014	Rec 1.7.3 - 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
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 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. 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.

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NHS England and NHS Improvement	Guideline	001	006	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	007	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. 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	005	021	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 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, 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. 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)
Office of the Chief Dental Officer	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	Thank you for your comment and reference. The committee 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

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				supports the NICE guideline and its inclusion is recommended.	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.
Office of the Chief Dental Officer	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.
Office of the Chief Dental Officer	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. Adaption 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-content/uploads/2018/02/B0615-Update-to-avoidance-of-doubt-provision-of-phased-treatments-300621-.pdf).	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.
Office of the Chief Dental Officer	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	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. It is not within

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				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).	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.
Office of the Chief Dental Officer	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 HbA1c following periodontal treatment among adults with diabetes and did not look at its 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 other diabetic complications as per recommendation 1.7.1 in the NG28 guideline.
Office of the Chief Dental Officer	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. https://www.socialstyrelsen.se/publikationer2015/2015-4-12)	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 1.7.1-3 of the NG28 draft guideline. The study by Nasseh was conducted in the US, so that their cost figures were not applicable to the UK context.

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				(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). (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).	The paper by Solowiej-Wedderburn was used as one of the main references for the economic model.
Office of the Chief Dental Officer	Evidence Review	General	General	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 whether a patient suffers 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	Thank you for your comment and references. The evidence review assessed 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 lower the risk of hyperglycaemia and therefore other diabetic complications. This is outlined in section 1.7 – managing complications of the NG28 guideline.

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				systemic health and quality of life: A systematic review. J Clin Periodontol. 2021 Nov 17. doi: 10.1111/jcpe.13554.	
Office of the Chief Dental Officer	Evidence Review	General	General	Uncertain on the rationale and justification that there will not be an increase in the number of oral health reviews given the limited impact of the existing guidance on recall intervals. As highlighted in comment 20 the importance of reaffirming the role of clinical judgement in determining recall intervals for oral health examination with reference to NICE guidelines rather than the use of the word frequent.	Thank you for your comment. The committee further discussed the uncertainty regarding the long term impact of the guideline on NHS dental services and agreed with your comment. This was now highlighted and better explained in the evidence review and the guideline rationale. The committee agrees and accepts your suggestion to remove the word "frequent" from recommendation 1.7.4 and reaffirm clinical judgement. This recommendation now states: "For adults with type 2 diabetes who have been diagnosed with periodontitis.... offer dental appointments to manage and treat their periodontitis at a frequency based on their oral health needs. "
Office of the Chief Dental Officer	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.
Office of the Chief Dental Officer	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	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

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				periodontal tissues are not teeth, they surround and support the teeth.	dental checks has been amended to reflect its full title and this now reads "...NICE guideline on dental checks: intervals between oral health reviews **"**
Office of the Chief Dental Officer	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 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 "
Office of the Chief Dental Officer	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 warranted given that periodontitis does not develop in the absence of gingival inflammation.	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 agreed 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 proposed recommendations 1.7.1-3 of the NG28 draft guideline aimed at prevention of periodontitis and oral health promotion.
Office of the Chief Dental Officer	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.	Thank you for your comment and reference. While the committee agrees that people with diabetes are in increased risk of oral diseases, the review question was assessing the effects of periodontal treatment on HbA1c levels in adults with diabetes. Dental caries, dry mouth, and other oral diseases in people with diabetes were not within the scope of this review.

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				(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).	
Office of the Chief Dental Officer	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 Co-morbidities: Standards of Medical Care in Diabetes d2019 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
Office of the Chief Dental Officer	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
Office of the Chief Dental Officer	Guideline	General	General	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. 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.	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

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				https://www.socialstyrelsen.se/publikationer2015/2015-4-12)	
Office of the Chief Dental Officer	Guideline	General	General	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 (BSP). The guideline draft was reviewed by a member of the Forum and comments are reported below: *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.* (https://www.bsperio.org.uk/patients/bsp-patient-forum#:~:text=The%20Patient%20Forum%2C%20led%20by,to%20work%20with%20our%20Society.)	Thank you for your positive comment and reference.
Office of the Chief Dental Officer	Guideline	General	General	'frequent oral health reviews' and 'frequent dental appointments' and the word 'frequent' is open to multiple interpretations and this phrasing does not feel consistent with other guidance regarding recall intervals. The committee may wish to consider alternative wording : 'oral health reviews at a frequency advised by their dental practitioner and personalised to the individuals oral health risk in line with the NICE guideline on oral health examination. And for management of periodontal disease (Rec 1.7.4)	Thank you for your comment. The committee accepted your suggestions and now the sentence "The frequency of the oral health reviews should be advised by dental practitioner and personalised to the individual's oral health risk in line with the NICE guideline on dental checks: intervals between oral health reviews has been added to the evidence review. Furthermore, the recommendations have been amended to "1.7.4 (1.15.4). For adults with type 2 diabetes who have been diagnosed with periodontal disease periodontitis by a dental team, offer dental appointments to manage and

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				'offer dental appointments to manage and treat their periodontal disease at a clinically indicated frequency which is personalised to the patient and their oral health needs'.	treat their periodontitis at a frequency based on their oral health needs. "
Office of the Chief Dental Officer	Guideline	004	001	Provisions to allow for patients to be involved with discussions and making informed decisions need to be in place, taking consideration of the Core20PLUS population group. For example, culturally competent communication for ethnic minority groups and aids for those with sensory impairment.	Thank you for your comment. The committee considered your suggestion and reworded recommendation 1.7.4 to reflect the need for personalised care tailored to individual's personal and oral health needs. Furthermore, the diabetes guideline includes cross-reference to the NICE Patient experience guideline which makes sure that all adults using NHS services have the best possible experience of care. A cross reference is also made to the NICE shared decision-making guideline to ensure healthcare professional works together with a person to reach a decision about care. Finally, NG28 addresses the issues of culturally competent communication for ethnic minority groups and aids for those with sensory impairment with the following recommendations. 1.1.3 – take into account any disabilities, including visual impairment, when planning and delivering care for adults with type 2 diabetes and recommendation 1.2.5 - ensure that education programmes for adults with type 2 diabetes meet the cultural, linguistic, cognitive and literacy needs of people in the local area.
Office of the Chief Dental Officer	Guideline	004	005 - 013	All advice given should to adults with type 2 diabetes should take into consideration individual patients (and family/carer/supporters) needs to improve accessibility,	Thank you for your comment. The committee considered your suggestion and reworded recommendation 1.7.4 to reflect the need for personalised care tailored to

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				outcome and experience, taking consideration of the Core20PLUS population group. For example, translated written advice, translation services at the time of consultation, braille leaflets. Health care professionals providing advice should be aware of social gradients in the prevalence of dental conditions and service use and the challenges for other vulnerable groups in accessing dental care and maintaining good oral health.	individual's personal and oral health needs. The recommendation now states: "For adults with type 2 diabetes who have been diagnosed with periodontitis.... offer dental appointments to manage and treat their periodontitis at a frequency based on their oral health needs. Furthermore, the diabetes guideline includes cross-reference to the NICE Patient experience guideline which makes sure that all adults using NHS services have the best possible experience of care. A cross reference is also made to the NICE shared decision-making guideline to ensure healthcare professional works together with a person to reach a decision about care. 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). However, the committee discussed your suggestion and agreed to further highlight the need for proactive engagement and enhanced support which may broaden access to dental and oral healthcare and help to reduce health inequalities in the guideline rationale.
Office of the Chief Dental Officer	Guideline	004	007	Insert the word "successfully" before "…can improve their….". 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 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

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					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.
Office of the Chief Dental Officer	Guideline	004	016 - 018	There is a need to consider the frequency and timings of appointments with relation to the patients' needs to ensure we are maximising accessibility of the services and engagement	Thank you for your comment. The committee accepted your suggestions and now the sentence "The frequency of the oral health reviews should be advised by dental practitioner and personalised to the individual's oral health risk in line with the NICE guideline on dental checks: intervals between oral health reviews has been added to the evidence review. Furthermore, the recommendations have been amended to "1.7.4 For adults with type 2 diabetes who have been diagnosed with periodontitis by an oral healthcare / dental team, offer dental appointments to manage and treat their periodontitis at a frequency based on their oral health needs. "
Office of the Chief Dental Officer	Guideline	005	008 - 020	Within the rationale as to why the committee made the recommendations, important to highlight the link between type 2 diabetes, oral health and health inequalities. e.g. those of lower socio-economic status are more likely that the average person to have diabetes at any age. NHS Confederation and ABPI: An examination of health inequalities in diabetes care in Leicester In addition, there is 'clear and consistent evidence for social gradients in the prevalence of dental conditions, impact of poor oral health and service use' and there is	Thank you for your comment. The committee agrees with your view on the link between diabetes type 2, oral health and health inequalities as per the evidence review. 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). However, the committee discussed your suggestion and agreed to further highlight the need for proactive engagement and enhanced support which may broaden access to dental and oral

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				suspicion of similar inequalities in prevalence and service use in vulnerable groups (such as homeless people, travellers and prisoners) though there is a less published evidence. Inequalities in oral health in England, March 2021. Type 2 diabetes and oral health represents a significant intersection in poor health outcomes within the Core20Plus5 population.	healthcare and help to reduce health inequalities in the guideline rationale.
Office of the Chief Dental Officer	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 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. The committee members also agreed with your suggestion to replace "periodontal disease" with "periodontitis". Changes were made throughout evidence reviews, guidelines and recommendations.
Office of the Chief Dental Officer	Guideline	005	015	As above insert "successful" before "…periodontal treatment.	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

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					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.
Office of the Chief Dental Officer	Guideline	006	006	In addition to the multiple risk factors and wide-ranging complications making diabetes care complex – T2DM often co-exists alongside multi-morbidity and long-term conditions. These population groups may also fall into the Core20PLUS target population.	Thank you for your comment. The committee considered this issue and agreed that diabetes care is complex and co-exists alongside other morbidities and long-term conditions.
Office of the Chief Dental Officer	Guideline	006	025 - 027	This section references that type 2 diabetes is more common in people of African, African-Caribbean and South Asian family origin. These ethnic minority groups will fall into the 'Core20PLUS' target population group for addressing health inequalities to narrow the health life expectancy inequality gap that exists. Whilst diabetes does not feature explicitly in the Core20PLUS5 approach, it is an extremely important clinical areas that needs to be considered when addressing health inequalities.	Thank you for your comment and for bringing the Core20PLUS approach to our attention. The guideline committee always strives to address health inequalities, where they can, in their recommendations.
Office of the Chief Dental Officer	Guideline	007	001 - 002	Patient education needs to be accessible and supportive for all – including those with learning disabilities, sensory impairment and ethnic minority groups whose first language may not be English.	Thank you for your comment. The committee considered this and agreed this issue is already addressed in the type 2 diabetes in adults (NG28) guideline. Recommendation 1.1.3 – take into account any disabilities, including visual impairment, when planning and delivering care for adults with type 2 diabetes and recommendation 1.2.5 - ensure that education programmes for adults with type 2 diabetes meet the cultural, linguistic, cognitive and literacy needs of people in the local area.

Type 2 diabetes in adults: diagnosis and management – periodontal disease

Consultation on draft guideline - Stakeholder comments table
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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.*