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DENTAL MANAGEMENT OF DIABETIC PATIENTS:
A CLINICAL REVIEW

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Abstract
Diabetes describes a group of metabolic diseases resulting from impaired insulin secretion, varying degrees of insulin resistance, or both. Management of the diabetic dental patients must take into consideration the impact of dental diseases and dental treatment on the management of diabetes as well as its repercussions for the comorbidities that accompany long-standing diabetes. These comorbidities include obesity, hypertension and dyslipidemia. Management of the diabetic dental patient should focus on periodontal health and the delivery of comprehensive dental care with mutual discussion of metabolic homeostasis and recognition of diabetic comorbidities.

Keywords: Diabetes mellitus - chronic hyperglycemia - retinopathy - macrovascular disease.

Résumé
Le diabète est une maladie chronique du métabolisme qui apparaît lorsque le pancréas ne produit pas suffisamment d'insuline ou que l'organisme n'utilise pas correctement l'insuline qu'il produit. La prise en charge des patients diabétiques du cabinet dentaire doit prendre en considération l'impact des maladies dentaires et des soins dentaires sur le contrôle du diabète, ainsi qu'une appréciation des comorbidités qui accompagnent le diabète. Ces comorbidités sont l'obésité, l'hypertension et la dyslipidémie. La prise en charge du patient diabétique devrait donc se concentrer sur la santé parodontale et la prestation des soins dentaires complets sans perturber l'homéostasie métabolique.

Mots-clés: diabète - hyperglycémie - rétinopathie - maladie macrovasculaire.

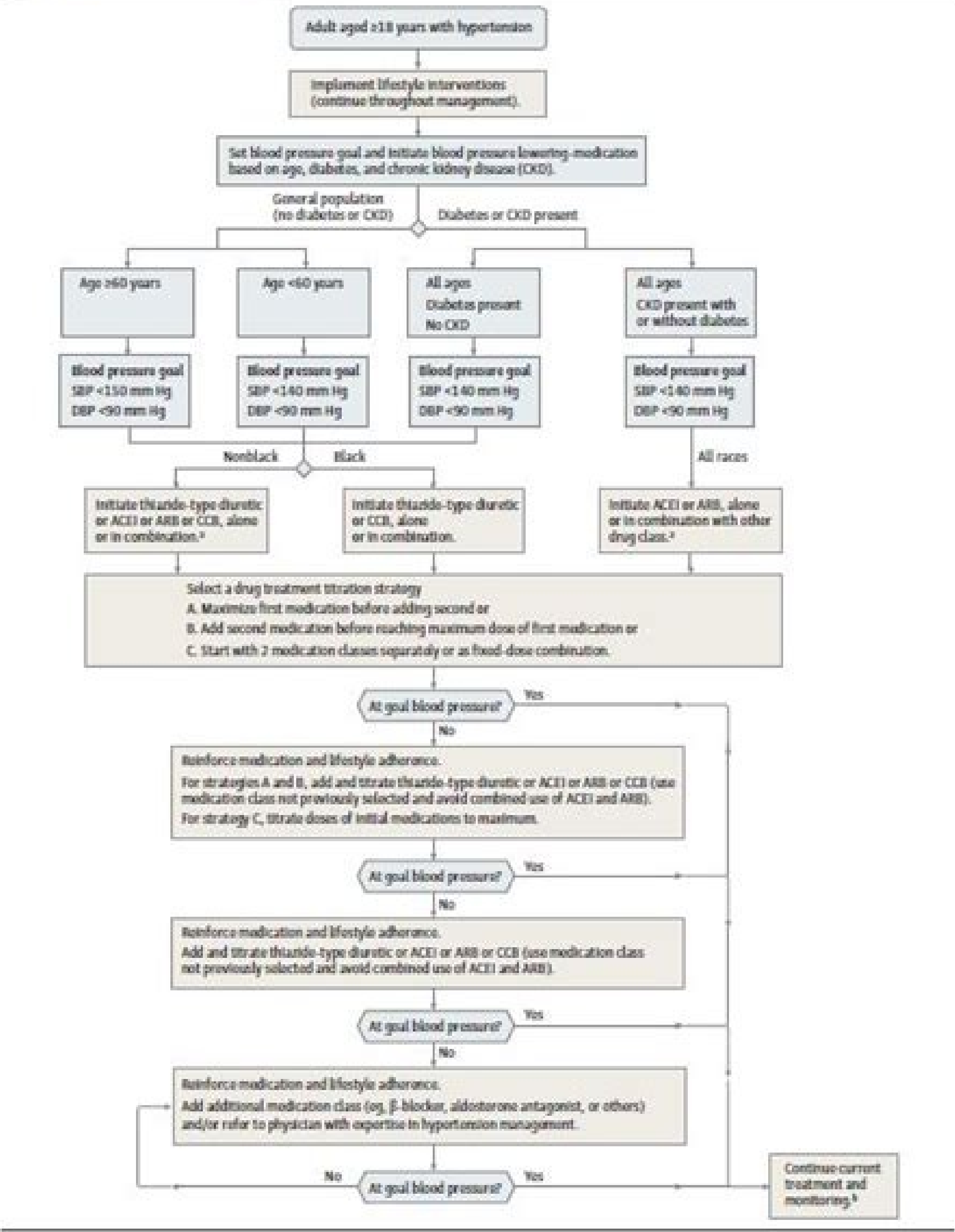
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Sample Diabetes Patient Care Flow Sheet For Adults

Name:		Type of diabetes: Type 1 ☐ Type 2 ☐ Other ☐		Date of birth:		Date of Diagnosis:	
Risk factors, co-morbidities				Self-management (discuss with patient add date and location in chart)			
☐ Hypertension ☐ Dyslipidemia ☐ Coronary Artery Disease (CAD) ☐ Peripheral Artery Disease ☐ Chronic Kidney Disease ☐ Mental health diagnosis ☐ Polycystic Ovarian Syndrome ☐ Foot disease ☐ Erectile Dysfunction ☐ Smoking _____ (Date stopped) ☐ Alcohol: _____ (Assess/discussed)				Patient Goals: _____ Possible Barriers to Self-management: _____ Diabetes Self-management Education: _____ ☐ Weight management: _____ Ht: _____ Target Wt: _____ Target BMI: _____ ☐ Physical activity (aerobic 150 min/week; resistance 2-3 times/week) ☐ Glucose meter/lab comparison ☐ Patient Care Plan (Pregnancy Planning/ Driving License): _____ date discussed			
Vaccinations							
Flu (annual) Date: _____		Date: _____					
Pneumococcus Date: _____							
Visits (Every 3 to 6 months)							
Date	BP	Weight	A1C Target ≤7% or _____	Notes (Goals, clinical status)	Hypo- glycemia	Antihyperglycemic Agents / CV protection agents (ACEI / ARB / Statin / ASA as indicated*)	
Review SMBG records. Target: pre-prandial 4-7 mmol/L; 2-hour post-prandial 5-10 mmol/L (5-8 mmol/L if A1C not at target)							
Screen for diabetes complications annually or as indicated.							
Nephropathy			Neuropathy			Retinopathy	
Date	ACR	eGFR	• Check feet for lesions and sensation (10-g monofilament or 128 Hz tuning fork) • Check for pain, ED, GI symptoms Date: _____ Findings: _____ Date: _____ Findings: _____ Date: _____ Findings: _____			Annual eye exam: Date: _____ Date: _____ Ophthalmologist/ Optometrist: _____	
*For vascular protection: ☐ Statins if ≥40 yrs OR >30 yrs and >15 yrs duration OR end organ damage ☐ ACEi/ARB if ≥55 yrs OR end organ damage (even in the absence of hypertension)			Lipids Targets: If indicated to treat LDL-C ≤2 mmol/L			CAD Assessment	
Date	Medication	LDL-C	HDL-C	TG	(Non-HDL-C)	(Apo B)	ECG: _____ Stress ECG: _____ Other: _____
See reverse side for care objectives and targets							

Figure. 2014 Hypertension Guideline Management Algorithm



POSTNATAL HYPERTENSION

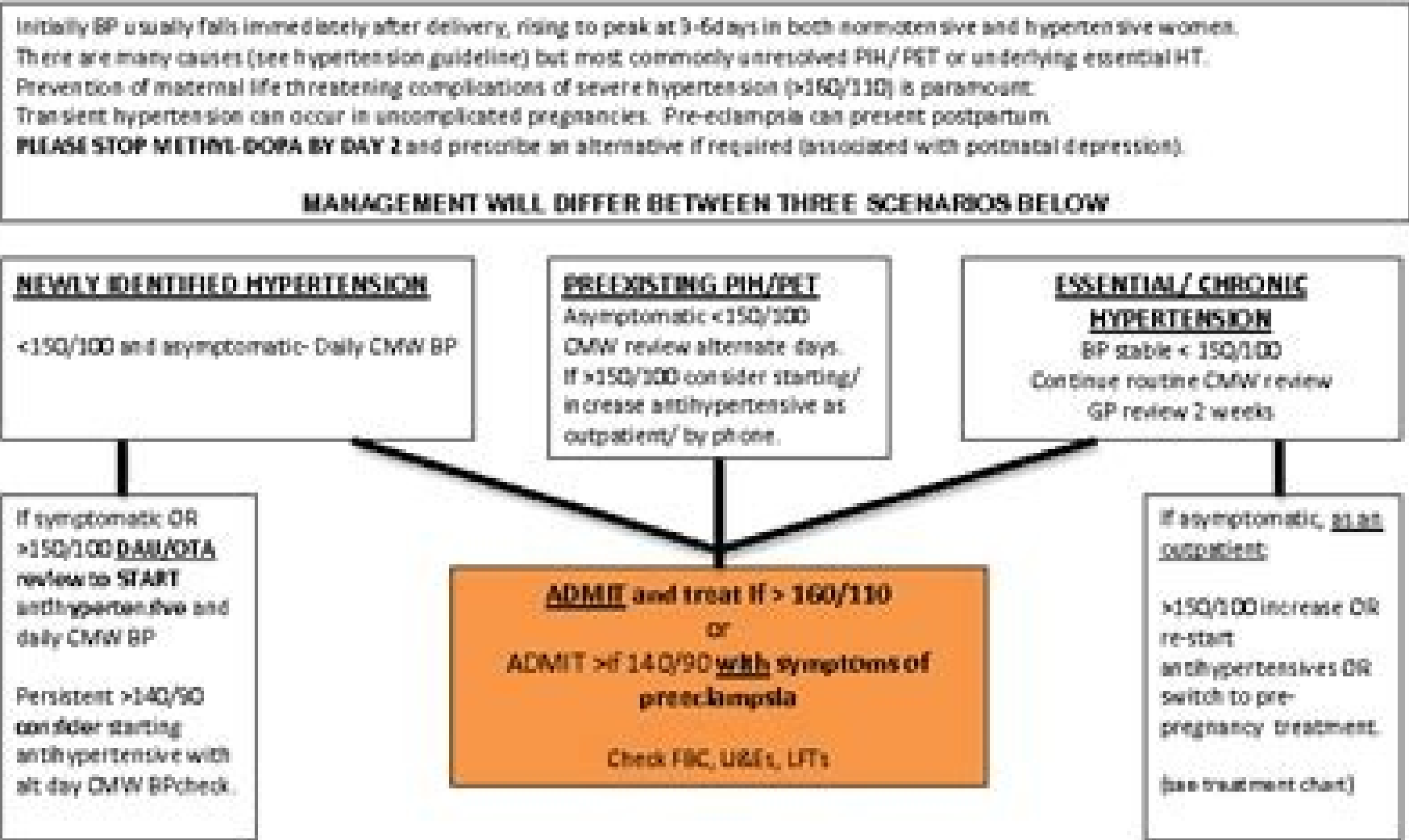


Table 4.1 – Components of the comprehensive diabetes medical evaluation at initial, follow-up, and annual visits

		INITIAL VISIT	EVERY FOLLOW-UP VISIT	ANNUAL VISIT
PAST MEDICAL AND FAMILY HISTORY	Diabetes history			
	• Characteristics at onset (e.g., age, symptoms)	✓		
	• Review of previous treatment regimens and response	✓		
	• Assess frequency/cause/severity of past hospitalizations	✓		
	Family history			
	• Family history of diabetes in a first-degree relative	✓		
	• Family history of autoimmune disorder	✓		
	Personal history of complications and common comorbidities			
	• Macrovascular and microvascular	✓		✓
	• Common comorbidities (e.g., obesity, OSA)	✓		✓
LIFESTYLE FACTORS	• Hypoglycemia: awareness/frequency/causes/timing of episodes	✓	✓	✓
	• Presence of hemoglobinopathies or anemias	✓		
	• High blood pressure or abnormal lipids	✓		✓
	• Last dental visit	✓		✓
MEDICATIONS AND VACCINATIONS	• Last dilated eye exam	✓		✓
	• Visits to specialists	✓	✓	✓
	Interval history			
	• Changes in medical/family history since last visit		✓	✓
TECHNOLOGY USE	• Eating patterns and weight history	✓	✓	✓
	• Physical activity and sleep behaviors	✓	✓	✓
	• Tobacco, alcohol, and substance use	✓		✓
	• Current medication regimen	✓	✓	✓
BEHAVIORAL AND DIABETES SELF-MANAGEMENT SKILLS	• Medication-taking behavior	✓	✓	✓
	• Medication intolerance or side effects	✓	✓	✓
	• Complementary and alternative medicine use	✓	✓	✓
	• Vaccination history and needs	✓		✓
	• Assess use of health apps, online education, patient portals, etc.	✓		✓
	• Glucose monitoring (meter/CGM): results and data use	✓	✓	✓
	• Review insulin pump settings and use	✓	✓	✓
	Psychosocial conditions			
	• Screen for depression, anxiety, and disordered eating; refer for further assessment or intervention if warranted	✓		✓
	• Identify existing social supports	✓		✓
PREGNANCY PLANNING	• Consider assessment for cognitive impairment*	✓		✓
	Diabetes self-management education and support			
	• History of dietitian/diabetes educator visits/classes	✓	✓	✓
	• Assess diabetes self-management skills and barriers	✓		✓
PREGNANCY PLANNING	• Assess familiarity with carbohydrate counting (type 1 diabetes)	✓		
	Pregnancy planning			
	• For women with childbearing capacity, review contraceptive needs and preconception planning	✓	✓	✓

How to treat acute hypertension. Management of high bp. What is the management of hypertension. Causes and management of hypertension. Management and treatment of patients with cirrhosis and portal hypertension.

The Nominal Level is the minimum quantity of an item that needs to be in hand to satisfy customer demand, plus some extras in case there is an unexpected increase in demand. They can also better anticipate what they will be able to specify on a regular basis and what emerging products they may want to add to their inventions. Public users can search the document and view the summaries of each book and chapter without signature. Please subscribe or sign in to access the full text content. If you have purchased a printed Label that contains an access ³, please refer to ³ for information ³ how to register your Code For questions about access or problem solving, please see our FAQs, and if you do not find the answer, please contact us. This ensures you always provide customers with the products they want and also ©m makes the ordering process more streamlined because it has a set quantity and a baseline to guide your stock. Courtesy: Alistair Berg/DigitalVision/Getty Images You can choose to use software or physical invent forms

to manage this process, but the software is generally more streamlines the need to make the inventory with the same frequency. If necessary, using a dedicated account representative to handle communications p your suppliers. Try to manage some of these more common p that can potentially interrupt your 3, and then form an action plan. are obliged to face problems - and this is a normal part of 3 which can be anticipated at some point. Solving these p common challenges is much easier when employing a good supplier management capability. Courtesy: Walrus Images/DigitalVision/Getty Images A healthy relationship comes with good communication. If you perform a brick and cement operation, you should carry it out with your equipment inventory. Access to the full story of Oxford Medicine Online requires a subscription or purchase. purchase. A chance that the supplier is without an unexpected item. More than askmoney.com you can even face the discontinuation of a popular product. 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24/08/2011 · Hypertension in adults: diagnosis and management . Clinical guideline [CG127] Published: 24 August 2011. Guidance. This guidance has been updated and replaced by NICE guideline NG136. 25/06/2019 · 1.7.8 Consider operative or assisted birth in the second stage of labour for women with severe hypertension whose hypertension has not responded to initial treatment. [2010, amended 2019] 1.8 Medical management of severe hypertension, severe pre-eclampsia or eclampsia in a critical care setting

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