

“I’ve heard it said, and it’s probably true, that each of us walks around with more bacteria in our mouths than there are people on the planet,” says Dr. C. Michael Willock with a smile. He is a general dentist in Chapel Hill with an interest and considerable skill in cosmetic dentistry and a passion for promoting oral health.

He makes this observation to a visitor as he demonstrates the abilities of his new, powerful microscope (*see photo*). “The point of adding this device to our practice is mostly educational,” he says. “My intent is to set up video presentations of slides that portray the bacteria in the mouths of my patients. They can view these slides as they ease back in a dental chair—and my hope is that what they see will inspire them to be diligent in protecting the health of their teeth, and their overall oral health, in every possible way.”

Health&Healing: Patients with diabetes pose especially difficult oral health issues.

DR. WILLOCK: Absolutely. When you have gum disease—and the World Health Organization reports that 75 percent of the U.S. population has some form of this problem—these nasty germs we see in the microscope go to work to destroy the gums and the bone around teeth. It starts with plaque, which is a sticky film of food, saliva, and germs. Plaque loves to settle at the gum line, where germs busily make gums red, tender, and likely to bleed.

The goal of daily dental care is to clean away plaque, by brushing and flossing. When plaque is not removed, it hardens into tartar, which builds along the gum line. It becomes a vicious cycle.

First there is gingivitis, which as it worsens becomes periodontitis. It’s at this stage that the gums begin to pull away from the teeth. Pockets form between the teeth and gums, which are perfect breeding grounds for more germs.

He&H: This is especially difficult for people with diabetes.

DR. WILLOCK: Absolutely. Plaque is a key issue in confronting gum disease, and diabetes poses major problems. Diabetes may weaken germ-fighting abilities. High blood sugar levels often make gum disease worsen, even as the gum disease in turn makes diabetes harder to control.

Diabetes also makes the patient more likely to have other oral health problems,

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such as oral infections—a cluster of germs causing problems in one area of the mouth. Warning signs that may occur include swelling or pus around teeth or gums or any place in the mouth, pain in the mouth or sinus area that fails to resolve in a reasonable period, white or red patches on the gums, tongue, cheeks or the roof of the mouth, pain when chewing, teeth that hurt when eating something cold, hot, or sweet, or simply when chewing, and dark spots or holes in the teeth.

It’s important to note that gum disease can start at any age. Children and teenagers who have diabetes are at greater risk than those who don’t have diabetes.

He&H: Are fungal infections an important issue for diabetics?

DR. WILLOCK: Indeed they are. Having diabetes means you are more prone to fungal infections such as thrush. If you tend to have high blood sugar levels or take antibiotics often, you are even more likely to have this problem. Thrush makes white—or sometimes red—patches in areas of the mouth, which can be sensitive or turn into ulcers.

With the more severe form of gum disease, periodontitis, the gums begin to pull away from your teeth. Pockets form between your teeth and gums. These fill with germs and pus, and deepen. When this happens, you may need gum surgery to save your teeth. If nothing is done, the infection goes on to destroy the bone around your teeth. The teeth may start to move or get loose. Your teeth may fall out or need to be pulled.

He&H: What do you advise diabetics do for preventive care?

DR. WILLOCK: First and foremost, control blood glucose level. Then, take good care of



Dr. Willock uses his new microscope to share information with patients about the harmful germs in their mouths.

Diabetes, Gum Disease *Are Synergistic*

the teeth and gums, along with regular check-ups every six months. To control thrush, a fungal infection, maintain good diabetic control, avoid smoking and, if you wear them, remove and clean dentures daily. Good blood glucose control can also help prevent or relieve dry mouth caused by diabetes.

He&H: Thus it seems essential that patients tell their dentist if they are diabetic.

DR. WILLOCK: Yes, it’s critical to keep your dentist and hygienist informed of any changes in your condition and any medication you might be taking. Postpone any non-emergency dental procedures if your blood sugar is not in good control.

Often gum disease is painless. You may not even know you have it until you have some serious damage. That’s another important reason to schedule regular dental visits.

While gum disease may not hurt, be alert for warning signs:

- Bleeding gums when you brush or floss. This bleeding is not normal. Even if your gums don’t hurt, get them checked.
- Red, swollen, or tender gums.
- Gums that have pulled away from teeth.

Part of the tooth’s root may show, or your teeth may look longer.

- Pus between the teeth and gums (when you press on the gums.)
- Bad breath.
- Permanent teeth that are loose or moving away from each other.
- Changes in the way your teeth fit when you bite.
- Changes in the fit of partial dentures or bridges.

If you see yourself in these descriptions, see your dentist.

When you schedule your visit to the dentist, remind him or her that you have diabetes. Share any problems with infections or trouble keeping your blood sugar levels under control.

It’s a good idea to eat before you go to the dentist. The best time for dental work is when your blood sugar level is in a normal range and your diabetes medication action is low. If you take insulin, a morning visit after a normal breakfast is best.

If your diabetes is poorly controlled, it’s almost certainly a good idea to wait before having dental surgery until your blood sugar moves into the normal range. **h&h**

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