

# Review of: "Impact of risk factor diabetes mellitus on patients with periodontitis"

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**Potential competing interests:** The author(s) declared that no potential competing interests exist.

This is a good review of the impact of diabetes on periodontal health.

Some comments and suggestion:

1. The following statement needs further clarification and citation: "However, we must explain to a patient with diabetes mellitus that in the case of inadequate individual oral hygiene, this disease is one of the most important risk factors for the onset, development and recurrence of periodontitis." Even in presence of good oral hygiene, uncontrolled diabetes can induce immune/inflammatory changes that contribute to subgingival microbial dysbiosis and increase risk for periodontal disease.
2. The statement: "a change in eating habits, etc., the risk of developing disease increases." Please cite the research that supports this statement.
3. The author may want to expand on AGE/RAGE interactions and how they contribute to increased risk for periodontitis in un-controlled diabetics.
4. The following statement needs citation: "Current evidence for the efficiency of dietary interventions in periodontitis patients has been moderate when studies were selected to assess one single aspect of the intervention, such as carbohydrate (dietary sugar) reduction alone."
5. "The systemic phase of periodontal treatment should address the general health consequences of periodontal disease on the body and the course of periodontal treatment." Please clarify what is the "systemic phase" and support with appropriate citations.
6. The citations in this paragraph do not follow the citation-number format in the rest of the document: "The interventions mainly consisted of individual lifestyle counseling, dietary changes and oral health education. The studies lasted either 4 weeks or 6 months. The former two studies are RCTs over 6 months with 77 (Nishihara et al., 2017) and 132 (Saengtipbovorn & Taneepanichskul, 2015) patients, and the latter study was a prospective study over 4 weeks with 8 patients (Holmer et al., 2018). Following the intervention, periodontal parameters such as gingival index or bleeding on probing improved. In one study, PD and CAL improved after six months[29]."
7. This paragraph is duplicated multiple times: "Current evidence for the efficiency of dietary interventions in periodontitis patients has been moderate when studies were selected to assess one single aspect of the intervention, such as carbohydrate (dietary sugar) reduction alone. Furthermore, counseling intervention studies mainly focusing on weight loss generally included multiple aspects, such as dietary changes or an increase in physical activity (exercise). Similarly, risk factor control interventions in periodontitis patients with type 2 diabetes commonly involved combinations

of dietary counseling, physical exercise, and weight loss.[26]"

8. The author may want to expand on periodontal therapy in diabetics and add information on non-surgical vs surgical therapy.
9. The conclusion section is not easy to follow. The author may want to revise this section and provide clear guidance regarding management of periodontal disease in diabetics.