- 35. Armstrong DG, Lavery LA, Sariaya M, Ashry H. Leukocytosis is a poor indicator of acute osteomyelitis of the foot in diabetes mellitus. JFAS. 1996; 35:281.
- Lipsky BA, Berendt AR, Deery HG, et al. Diagnosis and treatment of diabetic foot infections. <u>Clin Infect Dis.</u> 2004;39(7):885-910.
- 37. Vernillo AT: Diabetes mellitus: relevance to dental treatment. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2001;91(3):263-270.
- 38. Southerland JH, Taylor GW, Offenbacher S. Diabetes and periodontal infection: making the connection. Clinical Diabetes. 2005:23(4):171-178.
- 39. Löe H. Periodontal disease: the sixth complication of diabetes mellitus. Diabetes Care. 1993;16(1):329-34.
- 40. Mealey BL, Oates TW. Diabetes mellitus and periodontal diseases. J Periodontol. 2006;77:1289-1303.
- 41. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.
- 42. Taylor GW. Bidirectional interrelationships between diabetes and periodontal diseases: An epidemiologic perspective. Ann Periodontol. 2001;6(1):99-112.
- Grossi SG, Genco RJ. Periodontal disease and diabetes mellitus: Two-way relationship. <u>Ann Periodontol.</u> 1998;3(1):51-61.
- Grossi SG, Skrepcinski FB, DeCaro T, Robertson DC, et al. Treatment of periodontal disease in diabetics reduces glycated hemoglobin. J Periodontol. 1997;68(8):713-9.
- Taylor GW, Burt BA, Becker MP, Genco RJ, et al. Severe periodontitis and risk for poor glycemic control in patients with non-insulin-dependent diabetes mellitus. J Periodontol. 1996;67(10 Suppl):108S-93.
- 46. Donahue RP, Wu T. Insulin resistance and periodontal disease: An epidemiologic overview of research needs and future directions. Ann Periodontol. 2001;6(1):119-24.

- 47. Ryan ME, Carnu O, Kamer A. The influence of diabetes on the periodontal tissues. JADA. 2003;134:34S-40S.
- 48. Graves DA, Al-Mashat H, Liu R. Evidence that diabetes mellitus aggravates periodontal diseases and modified the response to an oral pathogen in animal models. Compend Contin Ed Dent. 2004; 25(7) (Suppl 1):38-46.
- Saydah SH, Fradkin J, Cowie CC. Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. JAMA. 2004;291(3):335-342.
- Galt KA. Cost avoidance, acceptance, and outcomes associated with a pharmacotherapy consult clinic in a Veterans Affairs Medical Center. Pharmacotherapy. 1998;8(5):1103-11.
- 51. Bluml BM, McKenney JM, Cziraky MJ. Pharmaceutical care services and results in project ImPACT: Hyperlipidemia. J Am Pharm Assoc. 2000;40(2):157-65.
- 52. Tsuyuki RT, Johnson JA, Teo KK, Simpson SH, et al. A randomized trial of the effect of community pharmacist intervention on cholesterol risk management: The Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP). Arch Intern Med. 2002;162(10):1149-55.
- Yeh G, Eisenberg D, Davis R, Phillips R. Use of complimentary and alternative medicine among persons with diabetes mellitus: Results of a national survey. <u>Am J Pub Health</u>. 2002;92:1648-52.
- 54. Centers for Disease Control and Prevention. Diabetes Medication Supplment: Working Together to Manage Diabetes. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2007.
- 55. Oral and systemic health: consensus statement from an international panel. Inside Dentistry. 2006;2(Special Issue 1):1-9.
- Hein C, Cobb C, Iacopino A. Report of the independent panel of experts of 'The Scottsdale Project'. Published as a special supplement to Grand Rounds in Oral-Sys Med. 2007:3.

CE Questions

This special online-only supplement to the *Journal of Dental Hygiene* was sponsored by an educational grant from Colgate-Palmolive. To obtain two hours of continuing education credit, complete the test at

www.adha.org/CE courses/course21

- 1. Prediabetes is a condition in which blood glucose levels are higher than normal, but not in the diabetes range. Prediabetes represents impaired fasting glucose above 125 mg/dl or impaired glucose tolerance greater than 200 mg/dl.
 - a. Both statements are true
 - b. Both statements are false
 - c. The first statement is true, the second statement is false
 - d. The first statement is false, the second statement is true

- 2. What percentage of people do not know they have diabetes mellitus?
 - a. 15%
 - b. 25%
 - c. 35%
 - d. 45%
 - 3. Classic signs of diabetes mellitus include:
 - a. increased thirst and urination
 - b. increased blood flow and edema
 - c. decreased infections and sensations
 - d. vision loss and foot ulcerations
 - 4. Systemic complications of diabetes mellitus include:
 - a. increased thirst and urination
 - b. increased blood flow and edema
 - c. decreased infections and sensations
 - d. vision loss and foot ulcerations

- 5. The blood assay used to measure control of blood glucose over a period of 6 to 12 weeks is the:
 - a. random plasma glucose
 - b. fasting plasma glucose
 - c. oral glucose tolerance test
 - d. glycosulated hemoglobin
- Treatment of diabetes includes insulin, oral medications and nutrition management. Controlled trials have demonstrated that maintaining modest weight loss with regular physical activity reduces the incidence of type 2 diabetes in high risk persons.
 - a. Both statements are true
 - b. Both statements are false
 - c. The first statement is true, the second statement is false
 - d. The first statement is false, the second statement is true
- 7. Diabetic retinopathy is:
 - a. asymptomatic in early stages
 - b. worsened by hypertension
 - c. can lead to retinal detachment and blindness
 - d. all of the above
- 8. Age is a significant factor in the development of diabetic retinopathy. This condition can be cured by laser surgery.
 - a. Both statements are true
 - b. Both statements are false
 - c. The first statement is true, the second statement is false
 - d. The first statement is false, the second statement is true
- 9. The most common foot complication associated with diabetes is:
 - a. lower extremity amputation
 - b. hammertoes
 - c. plantar ulceration
 - d. peripheral vascular disease
- 10. The gold standard used to assess for peripheral vascular disease is:
 - a. angiography
 - b. ankle-brachial index
 - c. toe pressures
 - d. photoplethysmography

- 11. Blood glucose at what level or more places an individual at greater risk for developing foot infection?
 - a. 150 mg/dl
 - b. 200 mg/dl
 - c. 250 mg/dl
 - d. 300 mg/dl
- 12. The sixth complication of diabetes mellitus is:
 - a. end stage renal disease
 - b. periodontal disease
 - c. vision loss or blindness
 - d. neuropathy
- 13. Research suggests that people with diabetes are more susceptible to periodontal disease. Further, the presence of periodontal disease may make glycemic control more difficult to achieve.
 - a. Both statements are true
 - b. Both statements are false
 - c. The first statement is true, the second statement is false
 - d. The first statement is false, the second statement is true
- 14. Oral signs of diabetes mellitus include all of the following EXCEPT one. Which one is the EXCEPTION?
 - a. periodontal abscesses
 - b. candidal infection
 - c. carious lesions
 - d. herpes infection
- 15. Oral health professionals need to be informed of medications used by individuals with diabetes mellitus, including which of the following:
 - a. action of the medication
 - b. dosage
 - c. peak activity
 - d. all of the above