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Dear Dr. _____,

Our mutual patient, XXXXX, is being followed in our office for chronic inflammatory periodontal (gum) disease. The presence of pathologic bacterial in the gingival pocket between the tooth and gum has resulted in a long-standing bacterial based infection. These bacteria erode the bone support around the teeth, which can lead to tooth loss and decreased oral functioning. Periodontal treatment is aimed at eliminating this chronic infection by removing the causative bacteria from the pocket areas. The eroded bone can also often be repaired to restore proper tooth support and thus, lengthen the functional life of the patient's dentition.

We have always realized that diabetes can lessen the patient's response to the oral bacterial challenge and exacerbate periodontal infections. We are now finding out through solid research that the opposite is also true. That is, this long-standing chronic oral infection can greatly reduce the patients' ability to control their diabetes.

The adverse effect that periodontal disease has on diabetic control has been well documented and continues to receive research attention in Periodontics. Fortunately, this research is confirming early findings that when a patient achieves and then maintains a preferred level of oral health their diabetic control can improve dramatically.

The American Academy of Periodontology guidelines suggest that all diabetic patients should have their periodontal health evaluated to maximize their diabetes management. Certainly, those patients who do not seem to be able to maintain an acceptable level of blood glucose control should have their oral health evaluated and treated. Periodontal disease is often described as a "silent disease" similar to hypertension. It provides few symptoms and rarely causes discomfort. The easiest recognizable sign is gum bleeding during brushing or flossing. Healthy gums do not bleed at all when cleaned. Visible soft tissue inflammation and oral malodor are also important signs.

We will take good care of XXXX to eliminate his periodontal inflection and then maintain the preferred level of oral health once it is achieved. If you have other cases of less than expected response to your diabetic therapy regimen feel free to refer them for periodontal evaluation. We will also educate the patient of this potential adverse reaction between gum disease and diabetes. More importantly, we will work with the patient to eliminate this problem and improve their ability to control their diabetes. If you would like further information, please do not hesitate to call, fax or stop by.

Warmest Regards,
Timothy G Donley DDS MSD

P.S. Kindly forward a copy of the patient's most recent glycA1c.