

HPCSA
Health Professions Council of South Africa



Dental Assisting, Dental Therapy and Oral Hygiene

NEWS

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CHAIRPERSON'S MESSAGE



South Africa, Africa, and indeed the world has been subjected to an unprecedented healthcare crisis, which has never been experienced in recent decades.

The outbreak of the Sars-cov-2 pandemic, otherwise known as COVID-19, has brought about new and unexpected challenges to our professions, our healthcare systems, our economy, and even to our personal and social lives. Suddenly we had to undergo dynamic paradigm shifts in the way we relate to and interact with our friends, families, travel, work, and to the way we play and entertain ourselves. Families could no longer visit each other, children were forced to stay at home and, even healthcare practitioners had to radically change the way they practised.

We had to implement new personal protective equipment (PPE) measures that included screening our patients, limiting courses of care that we could offer to patients, and it even seemed as if we regarded our patients as enemies as we were scared that they might have the potential to infect us with this deadly virus and thus far had to institute draconian missions to prevent cross-infection. As a result of the COVID-19 paramedics lower incomes and loss of jobs amongst oral healthcare workers due to the reduced patient demand, closure or downsizing of many practices, and various other economic and social interventions that had a negative effect on the individuals and on society as a whole was evident.

As professionals we too have faced various challenges including having to work from home, being faced with a series of lockdown measures, rules and regulations, that have affected each and every individual in varying degrees. However, as healthcare professionals, we have embraced these challenges and will continue to do so as we move towards the new norm of living with this pandemic.

The introduction of vaccinations and possible imminent introduction of treatment that would be able to lead to the successful medical management of COVID-19, has cast a bright light on what was at one stage a bleak future.

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene of the Health Professions Council of South Africa also had to make changes to embrace this pandemic. This included moving away from in person meetings to having online meetings and various other interventions. In December 2021 a new Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene was inaugurated, and this Board continues to make great strides in improving regulatory mechanisms in framework within which we as dental assistants, dental therapists and oral hygienists operate in. The Board has adopted a new five-year Strategic Plan, as well as a new vision and mission that is aimed at improving and altering the framework in which oral healthcare practitioners under the ambit of the Board practise their professions, and the express aim of this Strategic Plan, vision and mission, is two folded namely, to protect the public and to guide the professions.

As the Chairperson of the Board, I am confident that practitioners who are registered with the HPCSA are resilient and strong healthcare workers who will continue to forge ahead in these trying times, ensuring ultimate and optimal patient service delivery, leading to improved health outcomes. In my capacity as a Chairperson, it is my fervent wish and prayer that each and every South African be blessed with good health, and the ability to withstand the financial, social and psychological impact of the devastating COVID-19 pandemic, and that we are able to recover and forge ahead in the spirit of ubuntu.

I encourage people to please continue acting responsibly in terms of personal safety to ensure that we take adequate measures to decrease the impact rate of infections and ensure that we are able to overcome the pandemic for the sake of our greater society.

God bless.

Dr TA Muslim

Chairperson of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene

MEET THE MEMBERS OF THE PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE



DR TUFAYL AHMED MUSLIM
- CHAIRPERSON

Dr Tufayl Muslim has been the academic leader for the discipline of dentistry at the University of KwaZulu-Natal (UKZN) for the past five years.

Previously he was the Head of the Dental Assisting programme at the Durban University of Technology. Dr Muslim, a qualified Dental Therapist and Emergency Care Practitioner, has been involved in academia since 2002, and has acted in various roles. He took a break from academia in 2010 and worked as a dental therapist in New Zealand and Australia, before returning to South Africa. He has a PhD obtained from UKZN, as well as a Bachelor of Dental Therapy degree also obtained from UKZN. He also has a Master's Degree in Dental Public Health from the University of the Western Cape and Quality Management (Dental Education) (DUT), postgraduate qualifications in Law (UKZN, UOFS), as well as various emergency care and medical rescue qualifications from the College of Emergency Care – KZN.

Dr Muslim is serving a second term as Chairperson of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene, and is also a Councillor serving on Council of the HPCSA, where he chairs the Pension and Provident Fund. He is also a member of the Board Executive Committee, and has been co-opted onto the Board's Education, Training, Quality and Registration Committee. Dr Muslim has a wealth of experience in terms of medical regulations and CPH, having chaired the precious Council CPD Committee, and envisions the continuous growth and improvement of the three professions under the ambit of the Board as a priority action area.



PROF. PRISCILLA BRIJLAL
- VICE CHAIRPERSON

Prof. Priscilla Brijlal is the Vice Chairperson of the Professional Board for Dental Assisting, Dental Therapy, and Oral Hygiene.

She was nominated on the Board as a representative of Universities South Africa (USAF, formerly HESA) and is serving her second term of office. She is also the Chairperson of the Education, Training and Registration Committee of the Board as well as a member of the Education, Training and Quality Assurance Committee of Council. Her portfolio is vested in education and training regulatory matters that include curricula, accreditation of programmes, and regulation of the practice.

Professor Brijlal is an Oral Hygienist by profession. Following an eight-year tenure in the public and private sector in KwaZulu-Natal, she has been a lecturer at the University of the Western Cape for twenty years. She completed a Masters (MSc.Dent) in 2002 and a PhD (Dental Education) in 2014. She currently serves as the Head of the Oral Hygiene Department and the Programme Coordinator for the Bachelor of Oral Health (BOH). She contributes to teaching and research supervision in the following programmes: Bachelor of Oral Health (BOH), Bachelor of Dental Surgery (BDS), Masters in Dental Science (MSc Dent), and Doctor of Philosophy (PhD). Her research focuses on teaching and learning, clinical practice, and oral health promotion. Her research-led and informed teaching and practices, that are geared towards intensifying skills development and knowledge production thereby contributing to oral health improvement. Being ideally positioned on both micro and macro levels she has endeavoured to promote and leverage support in advancing the three professions under the ambit of the Board.

On an international level, Professor Brijlal has endeavoured to promote the Oral Hygiene profession by presenting her research at various conferences as well as through engaging with Oral / Dental Hygiene partners to promote and support collaborative research initiatives, curriculum development, and student and academic exchange. This project serves as a means to share, inform and mobilise oral health care across borders.



RAMPHELANE MOREWANE

Ramphelane Morewane holds Master's Degree in Development Policy and Practice.

He also holds Postgraduate Diploma in Health Management and a B. Tech in Business Management. He is the Chief Director responsible for District Health Services, which includes the management of district hospitals, primary healthcare facilities and community based primary healthcare services. He is currently the Chairperson of Incident Management Team for COVID-19 pandemic.

He is also the Chairperson of the health facilities readiness work stream, which is aimed at ensuring that both public and private hospitals in the country are prepared for the admission of COVID-19 patients. This includes ensuring that there are adequate beds, functional and appropriate equipment and the supply of oxygen to the patients, monitoring the operationalisation of the field hospitals. He is also the Chairperson of the work stream that focuses on continuity of delivery of routine essential health services. This work stream is concerned with ensuring that the health system continues to deliver essential services even in the midst of COVID-19 pandemic.

He has served as a negotiator in a number of international fora such as United National Conference on Climate Change, Framework Convention on Tobacco Control. He has written several policies and strategic documents such as draft guidelines on the social determinants of health, Health Climate Change Adaptation Plan. He has been in the fore front of various initiatives within the department which include leading the reengineering of Primary Health Care, coordination of Community health workers programme, Ideal Clinic Realisation and Maintenance programme etc.



KAREN SUSAN PAULSE

Karen Susan Paulse has been a registered member of the Health Professionals Council of South Africa (HPCSA) for the past 30 years. Academically she holds a Bachelor's degree in Oral Hygiene and a Diploma in Oral Hygiene. She is registered as an Independent Practitioner with the HPCSA.

In addition, she has completed both courses in Expanded Functions for Oral Hygienists. She served as the Vice-President of Oral Hygienist's Association of South Africa (OHASA).

Her record of accomplishment and experience span over a period of 30 years as an Oral Hygienist in the Public Service. Her key performance areas entail health promotion and education, preventative oral health community-based programmes, clinical patient care, planning and administrative functions and training. She completed several courses relating to oral health and health promotion to improve her professional development and clinical skills capacity. She has developed proficient knowledge and understanding of proven approaches to community development and service delivery. She has a broad understanding of the health programme policies, approaches and principles and the accompanying legislation. She strives to exhibit core ethical and professional values and standards. She has developed excellent resource management and people skills, clinical practice, knowledge of theoretical perspectives and community-based practice. My permanent post in the Public Service is also to provide ample exposure to leadership and skills training and practice.

As a professional, she considers herself as a lifelong learner ensuring that she is continually being kept abreast on the development and trends within her profession.

She is a Board member for the Professional Board for Dental Therapy and Oral Hygiene, serving a second term, and is serving on the Education, Training and Registration Committee and Professional Practice Committee.



LESLEY SEBASTIAN NAIDOO

Lesley Sebastian Naidoo graduated as a dental therapist from the University of Durban-Westville in 1996. He was an activist in the Dental Student Councils.

In 1998 he joined the Dental Therapy Association of South Africa and served in the KZN branch as a Publicity Secretary. Between 2001-2004 Lesley served as Chairman of KZN branch of the Dental Therapy Association of South Africa. He was elected concurrently from 2005 – 2017 as President of the South African Dental Therapy Association (SADTA) and in 2018 and was elected as Head of Education and Development in SADTA, he also serves as a trustee and advisor to SADTA.

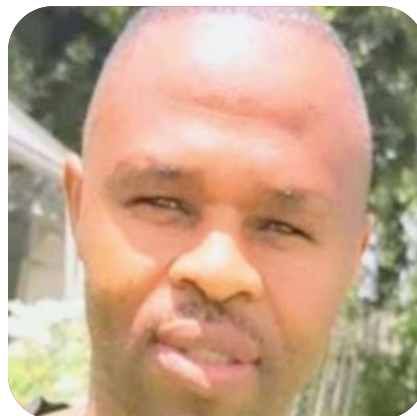
He is the Founding Editor of the South African Dental Therapy Journal (SADTJ). At the Health Professions Council of South Africa (HPCSA) he served as CPD accreditor and Deputy Chair of the HPCSA CPD accreditors forum. He is also a member of the South African National Oral Health Advisory Committee at the National Department of Health and Founding Chairman of the African Dental Therapy Federation (ADTF) in Africa, member of the SA Chapter of the Alliance for a Cavity Free Future (ACFF), International author and speaker on Dental Public Health. A Dental stakeholder of the National Health Insurance (NHI) and he served in 2018 on the Presidents Health Compact committee.

As a certified fibredontic trainer, in 2018 he started Fibredontology South Africa to develop fibredontic training for dental practitioners in the country. Lesley is a National and International representative and speaker of the Dental Therapy Profession. In 2019, Lesley joined the World Oral Health and Dental Therapy Association as a representative of South Africa and Africa. His research interests are in the field of proactive preventative dentistry, oral health and public health policy. He was appointed to the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene in November 2020 and serves in the Preliminary Committee of Inquiry and Professional Practice Committee.

Lesley Naidoo holds professional qualifications as follows: Bachelor's Degree in Dental Therapy (UDW), Diploma in Information Technology, Postgraduate Diploma in Public Administration (Oxbridge) and the following Masters Degrees

in Business Administration, Medical Sciences (UKZN) and Public Health (UWC). He is currently completing a degree in Counselling and Theology at the South African Theological Seminary and is a PhD candidate (2023) in Public Health at UKZN. He is the founder and trustee of One Health Enterprise (community health outreach in KZN), and in 2016 started a dental preventive programme called ToothKeepers.

He is the CEO of DentiCare Dental Therapy, and is in private practice since 1997.



DOCTOR SIKHUMBUZO MADONSELA

Doctor Sikhumbuzo Madonsela is a lecturer at Witwatersrand University's School of Oral Health Sciences. He holds a Diploma in Oral Hygiene obtained from Witwatersrand University in 2006.

He is the Board member of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene (DTHO) serving in the Education and Training Committee and Professional Practice Committee. He is also the Chairperson of the Preliminary Enquiries Committee of the Board.

He is also a member of the National Advisory Council - Public Oral Health Forum (POHF) and serving in the Advocacy Committee, Education and Training Committee and the Organisational Development Committee

He is an Oral Hygienist registered in the Independent Practice category and has served for years at Sedibeng Oral Health Services and Tygerberg Oral health Centre. He treats the interest of the public and professions as paramount by maintaining high standards and integrity at all times.



MOLEFI MOLOISANE

Molefi Moloisane is a qualified Internal Auditor and a Project Manager. He holds a Master's Degree in Business Administration majoring in Entrepreneurship Education, obtained from Tshwane University of Technology.

He has been with the State Security Agency (SSA) for the past 23 years and has extensive experience in the public, private sectors.

Throughout the years, he held different positions from an Internal Auditor, Special Advisor to Director General (SSA) on matters of corporate governance. He currently holds the position of Risk Consultant in State Security Agency. He is currently serving on the Professional Board for Dental Assisting, Oral Hygiene, and Dental Therapy (DTH) also serves in the Education, Training and Registration Committee of the Board.



TEBATSO MUTIBI

Tebatso Mutibi is a healthcare practitioner, specialising as an orthotist and prosthetist. She holds a Master's Degree in Environmental Health obtained from Central University of Technology, Free State in 2021. Her other qualifications include a B. Tech in Medical Orthotics and Prosthetics and a National

Certificate Dental Assisting both obtained from Tshwane University of Technology.

From 2008 – 2013 she was in public sector medical orthotics and prosthetics. She served as Junior Lecturer at Tshwane University of Technology for Dental Assisting students from 2014 – 2020. Since 2021 she has been practising in private practice.

She is a consultant at Foundation for Professional Development (FPD) and South African Dental Association (SADA) for their new Dental Assisting online programme. She is serving her 2nd term as a Board member of the Dental Assisting, Dental Therapy and Oral Hygiene (DTH). She served on the Education, Training and Registration Committee from 2015 – until 2022 and still serve on the Preliminary Enquiries Committee of the Board as the Chairperson. She is passionate about giving the needy a hand, acquiring knowledge on ethics to better herself and those around. She is a Dental Assistant at heart.



KHAYAKAZI MANDA

Manda Khayakazi is a healthcare practitioner specialising as a dental therapist in Bizana Eastern Cape. She has a Bachelor's Degree in Dental Therapy obtained from the University of Durban-Westville and the Advanced Diploma in Community Dentistry obtained from the University of Limpopo.

She also has a Master's Degree in Medical Science (Dentistry) attained from UKZN and currently studying towards PhD (Dental Therapy) with the University of KwaZulu-Natal. Khayakazi Manda qualified as a dental therapist in 1997, worked at Umtata General Hospital for two years. She went to work for another year at St Patrick's Hospital in Bizana and has been in private practice since 2000.



JOHANNA MOTSHWANE

Johanna Motshwane is a Dental Assistant and she is currently the coordinator of the Dental Assistant programme in West Rand Health District.

She has served in the Dental Assistants Association of South Africa for 10 years. Johanna has been appointed as a Chairperson of the Gauteng Health Dental Assistant Forum.

She has a National Diploma in Public Management, Bachelor of Arts Degree in Human and Social Studies and currently doing Honours Degree in Social and Behavioural Studies.



PUMLA PAMELLA SODO

Pumla Pamella Sodo is a dental therapist working at the University of Witwatersrand. She holds a National Certificate in Dental Assisting from Durban University of Technology, Bachelor of Dental Therapy from University of KwaZulu-Natal, Advanced Diploma in Community Dentistry, and Master's Degree in Public Health attained from Sefako Makgatho Health Sciences University.

She is a PhD candidate in the field of Public Health at the University of Witwatersrand. Her research interests lie in oral health and human resource for health. Pumla has extensive experience in the public, private and academic sectors. Throughout the years, she held different positions which includes dental assistant, dental therapist, dental clinic head, district oral health coordinator, lecturer and researcher .

She is currently serving on the Professional Board for Dental Assisting, Oral Hygiene, and Dental Therapy (DTOH) and she also serves in the education subcommittee of the Board.



DR FJ SMIT

Dr FJ Smit was born in 1951 in Aberdeen, the Karoo, Eastern Cape Province and matriculated in 1968 at CR Swart High School in Pretoria, with university exemption. He did compulsory military service during 1969 at the then South African Medical Services and he was involved in their International Codification of Medicines.

Dr Smit qualified as a dentist in 1975 at the University of Pretoria (UP) and worked as full- time temporary dentist at the then Transvaal Provincial Administration (TPA) from June to December 1975.

From 1976 he was in private practice in Luton, United Kingdom, until end February 1977. He returned to South Africa to work full time permanent for the TPA as from 1 April 1977. He was promoted to Senior Superintendent: Dental Services: Northern Transvaal Region on 1 August 1977. He studied part time postgraduate at UP in Public Dental Health and Public Health Administration for the period 1981 to 1984. Both qualifications are registered with the HPCSA.

Dr Smith was promoted to national office of the Department of Health and Welfare in January 1983 as Deputy Director: Preventive and Promotive Dentistry and later promoted to Director in the same office on 1 June 1985. On 1 May 1991 he was promoted to Chief Director: Dentistry, internationally known as Chief Dental Officer (CDO). He was nationally responsible for all six Oral and Dental Training Hospitals, and all Public Oral Health Services. Due to the new Government, after the democratic elections in 1994 and transfer of the academic Oral and Dental Training Hospitals and Public Oral Health Services (clinical services) from the national Department of Health to the provincial Departments of Health, the Chief Directorate was restructured to become a Directorate (CDO status remained) as from 1 July 1999.

He served on various statutory councils, boards, associations and committees such as Government Employees Medical Scheme, Public Service Association of South Africa, and Policy Council for Academic Oral Health Centres.

REVISED FIRST AID QUALIFICATION

DR TA MUSLIM

The Chief Inspector of Occupational Health and Safety, as designated by the Minister of Employment and Labour, has, in terms of the Occupational Health and Safety Act No. 85 of 1993, gazetted regulations on 04 June 2021 in the Government Gazette No. 44663, pertaining to first aid training. The gist of these regulations, in terms of Section 27(2) of the Occupational Health and Safety Act No. 85 of 1993, are as follows:

1. First Aid level 1, 2 and 3 training conducted by approved organisations ceased to exist as from 01 April 2021. The Chief Inspector had approved these organisations previously.
 2. First Aid training providers must be approved by the Chief Inspector, who has been delegated the quality assurance responsibilities for First Aid unit standards in accordance with a valid accreditation document issued by the Quality Council for Trades and Occupations (QCTO).
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DOCTORS AND RESEARCHERS ARE INVESTIGATING THE MANY EFFECTS OF COVID-19 AND ITS POSSIBLE IMPACT ON THE TEETH, GUMS, AND ORAL CAVITY

LESLEY SEBASTIAN NAIDOO

There seem to be not much research suggesting that COVID-19 can lead to poor oral health. However, one 2021 study suggests that poor oral health can play a part in contracting SARS-CoV-2. The study notes that the mouth can act as an entry point for SARS-CoV-2 because cells in the tongue, gums and teeth have angiotensin-converting enzyme-2 (ACE2). This is the protein receptor that allows the virus to enter cells. In those with poor oral health, the presence of ACE2 receptors appears to be higher.

Another study notes that there may be a connection between gum disease and changes in dental plaque with an increased risk of complications from COVID-19. The researchers suggest that a lack of oral hygiene can increase the chance of bacteria traveling from the mouth to the lungs. This may then increase the risk of developing a bacterial infection in addition to COVID-19. According to the Centres for Disease Control and Prevention (CDC), oral health is an important part of a person's overall health and well-being. Access to dental care is important in reducing the early stages of oral disease.

The COVID-19 pandemic led to reduced opening hours and the closure of dental practices, except in the case of emergency procedures. This has limited people's ability to access routine care.

The CDC also notes that this lack of access to dental care disproportionately affects those who are from low-income households and who rely on dental benefits under insured medical scheme benefits. Only 17-18 % of South Africans have some access to dental benefits. Additionally, people who rely on medical scheme dental benefits have experienced restrictions and reductions in their coverage. Whilst this is so in the private sector, patients seeking dental care in the public health service receive only relief of pain and sepsis whilst many other conservative procedures have been avoided due to the COVID-19 risks in operative dentistry. These limitations will surely have created a backlog in terms of services delivery and pathogenesis of oral disease.

ADDITIONAL RESOURCES:

<https://link.springer.com/article/10.1007/s11282-020-00497-0>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319209/>

EVALUATING THE EROSION EFFECT OF SOUR CANDY ON HUMAN TOOTH ENAMEL

AUTHORS : LESLEY SEBASTIAN NAIDOO, NELISHA MURUGAN, KARIN PRUESSNER AND SHENUKA SINGH

ABSTRACT

The radical increase in consumption of acidic (sour) candies amongst children and teenagers is considered a significant public health concern. The purpose of this study was to evaluate the erosive potential of sour candy in comparison with their regular counterparts at different exposure times.

Sixteen prepared tooth samples were randomly assigned into four groups, namely: sour candy (n=8), regular candy (n=8); each of these was prepared to have protected (unexposed) and exposed surfaces in respective candy solutions for 15 min and 2 h (n=4). An Atomic Force Microscope (AFM) was used to measure the surface roughness (Ra) between the exposed and unexposed enamel surfaces for each sample group. The mean Ra measured was used for statistical analysis whilst the elemental loss was assessed using Energy Dispersive Spectroscopy (EDX).

The findings showed that sour candy significantly eroded the exposed enamel samples ($P < 0.01$). Overall, the samples exposed to the sour candy for 2 h had the highest eroded Ra values. The study suggests that frequent and long-time consumption of sour candies may pose a negative impact on the tooth as they are found to be highly erosive.

DISCUSSION

The purpose of this study was to evaluate the erosive potential of sour candy in comparison with their regular counterparts at different times of exposure. Based on all the quantitative data generated, the hypothesis stated was accepted as the sour candy (A) was significantly more erosive when compared against the regular candy (B) ($P < 0.05$).

From the data gathered in the present study, there was a significant dissolution of the tooth enamel after 15 min of exposure to sour candy which is characterised by the high percentage loss of calcium and phosphate. More so, it is reported in the literature that children who consumed sour candies more than twice, once daily and 2-4 times per week are nearly 24, 18, and 8 times more susceptible to dental erosion and subsequent tooth decay due to enamel vulnerability (dos Reis Oliveira et al., 2018). Regardless of the time of exposure, the findings from this study reveal that sour candy had a significant impact on tooth enamel. By contrast, the regular candy showed no significant differences and may be attributed to the pH of the regular candy that is close to the critical pH (5.5).

According to Arnold et al. (2007), enamel dissolution or

demineralisation occurs at a pH below 5.5. Although the exposure time of 15min showed no significant difference between the sour candy (candy A), the regular candy (Candy B), sour candy had significantly higher erosion at 2 h exposure (Table 3). Wagoner (2009) suggested that candies are usually sucked on and slowly dissolved in the mouth over time and that manufacturers continually develop carrier substances to increase the durability of the candy and its flavour that consumers perceive as a higher value for money. It may, therefore, be assumed that the longer exposure of sour candies in the oral

CONCLUSION

In summary, although the erosive potential observed for sour candy was significantly higher than regular candy, both types of candies possess the potential to erode the tooth enamel. Furthermore, the erosive characteristics of sour candy were observed to be higher within an increase in the exposure time.

Hence, this study conclusively suggests that sour candies can potentially contribute to tooth enamel erosion, particularly when frequently consumed and over time.

Lesley Sebastian Naidoo (2020) MMed Sc. UKZN
Herewith a YouTube SADA presentation of the above research work : https://youtu.be/3W8-5zA_45w
Full research article: <https://academicjournals.org/journal/JDOH/article-full-text-pdf/AFAF31164438>



DIABETIC? THE IMPLICATION FOR ORAL HEALTH

DR PRISCILLA BRIJLAL

As with any patient, it is imperative that a patient's medical history is recorded before dental treatment is provided. If it is established that you have diabetes and that it is uncontrolled, there are precautionary measures that must be taken for dental treatment for the outcomes to be successful.

Exercising good clinical judgment is essential because, in some situations, dental treatment may need to be delayed until the patient's diabetes is considered stable or better controlled. Oral signs and symptoms of inadequately controlled diabetes commonly seen during a clinical examination of the mouth include: xerostomia (dry mouth); burning sensation in the mouth; impaired/delayed wound healing; increased incidence and severity of infections; secondary infection with candidiasis; parotid salivary gland enlargement; gingivitis (gum disease; and/or periodontitis (disease of the tissues and bone surrounding the tooth).

Refer to the following link for more insight into diabetes and oral health implications:
<https://www.ada.org/en/member-center/oral-health-topics/diabetes>

