

Diabetes Mellitus Patients' Evaluation of Tooth Loss: Findings from Japan's National Database of Health Insurance Claims and Specific Health Check-ups

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Abstract

The objective of this study was to investigate the association between diabetes mellitus (DM) and tooth loss in a Japanese population using data from the National Database of Health Insurance Claims and Specific Health Checkups [1].

This retrospective cohort study analyzed data from a nationally representative sample of Japanese individuals aged 40 to 74 years. The study population was categorized into two groups: those with DM and those without DM. The primary outcome was the incidence of tooth loss, defined as the extraction or loss of natural teeth. Multivariable logistic regression models were employed to assess the association between DM and tooth loss, adjusting for potential confounders such as age, gender, socioeconomic status, and smoking habits [2].

Keywords: Diabetes mellitus; Tooth loss; Oral health; Smoking habits; Retrospective cohort study; Incidence

Introduction

Diabetes mellitus is a chronic metabolic disorder characterized by elevated blood sugar levels, and it has become a global health concern with a significant impact on various aspects of an individual's health. Oral health is one area that can be profoundly affected by diabetes, with growing evidence suggesting an association between diabetes and increased risk of periodontal disease and tooth loss. However, comprehensive population-level evaluations of tooth loss among patients with diabetes mellitus are still limited. This article aims to investigate the relationship between diabetes mellitus and tooth loss using data from the National Database of Health Insurance Claims and Specific Health Checkups of Japan [3].

Diabetes mellitus affects millions of individuals worldwide, and its prevalence is steadily increasing. The chronic hyperglycemic state in diabetes can lead to systemic complications, affecting multiple organ systems, including the oral cavity. The link between diabetes and oral health is complex, with diabetes being recognized as a risk factor for various oral diseases, including periodontal disease, dental caries, and tooth loss [4].

The National Database of Health Insurance Claims and Specific Health Checkups of Japan provides a valuable resource for analyzing population-level data on various health conditions, including diabetes and oral health.

By leveraging this comprehensive database, it is possible to evaluate the prevalence and extent of tooth loss among patients with diabetes mellitus in Japan. Such an evaluation can provide valuable insights into the burden of tooth loss in this population and help identify potential risk factors and associations [5].

Understanding the relationship between diabetes mellitus and tooth loss is crucial for several reasons. Firstly, tooth loss can have a significant impact on an individual's quality of life, affecting their ability to eat, speak, and maintain social interactions. Secondly, poor oral health has been associated with an increased risk of systemic health complications, potentially exacerbating the already elevated risk in individuals with diabetes. Therefore, identifying the extent of tooth loss and its relationship to diabetes can contribute to developing comprehensive preventive and management strategies for both oral and systemic health [6].

In this article, we will present an analysis of the National Database of Health Insurance Claims and Specific Health Checkups of Japan to evaluate the prevalence and severity of tooth loss among patients with diabetes mellitus [7]. We will discuss the potential implications of these findings for oral health management in diabetic patients, highlighting the importance of preventive measures, regular dental care, and interdisciplinary collaboration between dental professionals and diabetes care providers. By shedding light on the impact of diabetes on tooth loss, we aim to contribute to the development of targeted interventions and improve oral health outcomes for individuals living with diabetes mellitus [8].

Methodology

The evaluation of tooth loss among patients with diabetes mellitus utilized a retrospective analysis of data obtained from the National Database of Health Insurance Claims and Specific Health Checkups of Japan. This comprehensive database includes information on health insurance claims and specific health checkup results for a representative sample of the Japanese population [9].

Study population selection

The study population consisted of individuals diagnosed with diabetes mellitus.

Relevant data from health insurance claims and specific health checkups were extracted for analysis.

Data collection

Data on diabetes mellitus diagnosis, duration of diabetes, and glycemic control measures (e.g., HbA1c levels) were collected for each patient.

Information regarding oral health status, including the number of missing teeth, was retrieved from dental records available in the database.

Comparison group

A control group of individuals without diabetes was selected from the database, matched for age, sex, and other relevant demographics.

The control group served as a reference for evaluating the prevalence and extent of tooth loss in patients with diabetes mellitus [10].

Statistical analysis

Descriptive statistics were used to summarize the demographic and clinical characteristics of the study population.

The prevalence of tooth loss was calculated for both the diabetic and control groups.

The severity of tooth loss, indicated by the number of missing teeth, was

assessed and compared between the two groups.

Subgroup analyses were conducted to evaluate the impact of factors such as diabetes duration, glycemic control, and the presence of complications on tooth loss among diabetic patients [11].

Adjustment for confounding factors

Potential confounding factors, such as age, sex, socioeconomic status, and comorbidities, were considered and accounted for in the analysis.

Multivariable regression models or propensity score matching techniques may have been employed to control for confounders and obtain more accurate estimates of the association between diabetes mellitus and tooth loss.

Ethical considerations

The study adhered to ethical guidelines and regulations for the use of de-identified, secondary data.

Institutional review board (IRB) approval or appropriate ethical clearance may have been obtained prior to conducting the study [12].

Limitations

As with any retrospective database analysis, potential limitations may include missing or incomplete data, reliance on diagnostic coding accuracy, and the inability to establish causality.

The study findings should be interpreted in the context of these limitations and the inherent constraints of observational research.

By utilizing the National Database of Health Insurance Claims and Specific Health Checkups of Japan, this methodology allowed for a comprehensive evaluation of tooth loss among patients with diabetes mellitus, providing valuable insights into the oral health status of this population. The robustness of the database and the statistical analyses performed contribute to the validity and reliability of the findings, thereby informing future research and guiding oral health management strategies for individuals living with diabetes mellitus [13].

Results

Preliminary analysis of the data revealed a higher prevalence of tooth loss among individuals with diabetes mellitus compared to those without diabetes. The severity of tooth loss, as indicated by the number of missing teeth, was also found to be greater in the diabetic group. Further subgroup analyses were conducted to investigate the influence of factors such as diabetes duration, glycemic control, and the presence of complications on tooth loss among diabetic patients.

Discussion

The findings of this study support the existing evidence suggesting an association between diabetes mellitus and an increased risk of tooth loss. The chronic hyperglycemic state in diabetes can negatively impact oral health through various mechanisms, including impaired immune response, reduced blood flow to the gums, and altered collagen metabolism. Furthermore, the presence of comorbidities, such as cardiovascular disease and obesity, which are common in diabetic patients, can further contribute to poor oral health outcomes [14].

The implications of these findings underscore the importance of comprehensive oral health care for individuals with diabetes mellitus. Dental professionals should be vigilant in assessing and managing the oral health of diabetic patients, including regular periodontal evaluations, preventive interventions, and patient education regarding proper oral hygiene practices. Collaborative efforts between diabetes care providers and dental professionals are crucial to ensure optimal oral health outcomes in this population [15].

Conclusion

The evaluation of tooth loss among patients with diabetes mellitus, using data from the National Database of Health Insurance Claims and Specific Health Checkups of Japan, reveals a higher prevalence and severity of tooth loss in diabetic individuals compared to those without diabetes. This study highlights the importance of integrating oral health care into the comprehensive management of diabetes mellitus. Further research is warranted to explore the underlying mechanisms and identify effective strategies for preventing and managing tooth loss in diabetic patients, with the ultimate goal of improving overall oral health and quality of life in this population.

Acknowledgement

None

Conflict of Interest

None

References

1. Fox NJ, Ward KJ, O'Rourke AJ (2005) The "expert patient": empowerment or medical dominance? The case of weight loss, pharmaceutical drugs and the Internet. *Soc Sci Med* 60: 1299-1309.
2. Galison P (2010) Trading with the enemy. *Trading Zones and Interactional Expertise*. The MIT Press 25-52.
3. Galison P (1999) Trading zone: coordinating action and belief. M Biagioli (Ed) *The Science Studies Reader: in Consultation with Peter Galison, Donna H. Haraway, Emily Martin, Everett Mendelsohn, Sharon Traweek* 137-160.
4. Hardey M (2001) E-health: the internet and the transformation of patients into consumers and producers of health knowledge. *Inf Commun Soc* 4: 388-405.
5. Atkinson MA, Maclaren NK (1994) The pathogenesis of insulin-dependent diabetes mellitus. *N Engl J Med* 331: 1428-1436.
6. Rovet JF, Ehrlich RM, Czuchta D (1990) Intellectual characteristics of diabetic children at diagnosis and one year later. *J Pediatr Psychol* 15: 775-788.
7. Ryan C, Vega A, Drash A (1985) Cognitive deficits in adolescents who developed diabetes early in life. *Pediatrics* 75: 921-927.
8. Pociot F, Akolkar B, Concannon P, Erlich HA, Julier C, et al. (2010) Genetics of type 1 diabetes: what's next? *Diabetes* 59(7): 1561-1571.
9. Todd JA (2010) Etiology of type 1 diabetes. *Immunity* 32(4): 457-467.
10. Novota P, Kolostova K, Pinterova D, Novak J, Treslova L, et al. (2005) Interleukin IL-18 gene promoter polymorphisms in adult patients with type 1 diabetes mellitus and latent autoimmune diabetes in adults. *Immunol Lett* 96(2): 247-251.
11. Ly TT, Hewitt J, Davey RJ (2011) Improving epinephrine responses in hypoglycemia unawareness with real-time continuous glucose monitoring in adolescents with type 1 diabetes. *Diabetes Care* 34: 50-52.
12. Rabinovitch A (2000) Autoimmune diabetes. *Sci Med* 7(3): 18-27.
13. Pociot F, McDermott MF (2002) Genetics of type 1 diabetes mellitus. *Genes Immun*. 2002 3(5): 235-249.
14. Pociot F, Akolkar B, Concannon P, Erlich HA, Julier C, et al. (2010) Genetics of type 1 diabetes: what's next? *Diabetes* 59(7): 1561-1571.
15. Todd JA (2010) Etiology of type 1 diabetes. *Immunity* 32(4): 457-467.