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The Effect of Nonsurgical Periodontal Therapy on Hemoglobin A_{1c} Levels in Persons With Type 2 Diabetes and Chronic Periodontitis: A Randomized Clinical Trial

The December 2013 issue of *Journal of the American Medical Association* featured an article "The Effect of Nonsurgical Periodontal Therapy on Hemoglobin A_{1c} Levels in Persons With Type 2 Diabetes and Chronic Periodontitis: A Randomized Clinical Trial". This article was co-authored by Tom Oates, Director of the Southwest Region and network practitioners Mike Reddy and Bryan Michalowicz.

The purpose of this article was to determine if nonsurgical periodontal treatment reduces levels of glycosylated hemoglobin (HbA_{1c}) in persons with type 2 diabetes and moderate to advanced chronic periodontitis. The authors conducted the study through the Diabetes and Periodontal Therapy Trial (DPTT), a 6-month randomized clinical trial. Participants had type 2 diabetes, were taking stable doses of medications, had HbA_{1c} levels between 7% and less than 9%, and untreated chronic periodontitis.

The treatment group received scaling and root planing plus chlorhexidine oral rinse at baseline and supportive periodontal therapy at 3 and 6 months. The control group received no treatment for 6 months. At 6 months, mean HbA_{1c} levels in the periodontal therapy group increased 0.17% , compared with 0.11% in the control group, with no significant difference between groups. Periodontal measures improved in the treatment group compared with the control

group at 6 months.

The authors concluded that nonsurgical periodontal therapy did not improve glycemic control in patients with type 2 diabetes and moderate to advanced chronic periodontitis. These findings do not support the use of nonsurgical periodontal treatment in patients with diabetes for the purpose of lowering levels of HbA_{1c}.

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