

***When the Dentist has Diabetes: OHA's President & CEO, Beth Truett interviews Dr. Anthony Vernillo of New York University College of Dentistry***

***Truett:*** First, thank you for attending the recent *Diabetes and Oral Disease* symposium. As a professor at New York University's College of Dentistry, why do you believe that the topic of diabetes is important for dental students?

***Dr. Vernillo:*** I believe that diabetes is the prototype disease that illustrates to students the cyclical interrelationship of oral disease and chronic diseases, like diabetes. Each affects the other. Discussing chronic diseases like diabetes gives students the opportunity to recognize its signs and symptoms and then offer valuable suggestions to their patients. So, when they are in their practices, I'd like them to be able to say with confidence, "I'd be very happy to be wrong, but I think you should talk to your physician about...."

***Truett:*** When you envision the future of integrating the treatment of oral disease and diabetes, what changes would you like to see?

***Dr. Vernillo:*** We need to think about how to offer more assistance to people with diabetes. For instance, we know that diet plays a big role in controlling glucose levels, and that a healthy body mass is critical to controlling diabetes. Good oral health can also have a positive impact on the control of diabetes; yet, unlike medical practices, we don't have dietitians in dental offices. Why not? One of my patients lost 75 pounds and eliminated her need for insulin injections. And if our insurance systems were to "pay for prevention," I think it would play an important role in changing the behavior of practitioners and patients, especially in managing chronic diseases, like diabetes.

While individual actions are important, the opportunity for change is greater if we draw the circle even larger than the relationship between dentistry and medicine, to the role that community-based public health strategies play in relationship to the increase in Type 2 Diabetes. Frank Vinicor, MD, MPH suggests that genes are only a piece of the puzzle. What sets the stage for Type 2 diabetes mellitus may be the environment more than genes. So, where a person lives can make a difference and determine whether or not he or she develops diabetes during their lifetime. You can read more about the need for an interdisciplinary approach: <http://www2.jabsom.hawaii.edu/pili/includes/files/summit1.pdf>

***Truett:*** At the Symposium you told us that you had been living with Type 1 Diabetes for 39 years. How does this affect your approach to teaching and treating patients?

***Dr. Vernillo:*** Managing Type 1 Diabetes is like having another job; I can talk to my patients and students in a very real way. As a clinician, I also know that patients with diabetes are like snowflakes – no two are exactly alike and each requires individual attention. However, because of my experience, I can say "I know how hard it is" and mean it. My patients and I become peers in living with this disease and discussing ways to best manage it.

Carefully monitoring my blood glucose levels multiple times daily has made all of the difference for me, and I want to help my patients understand what they can do to control their disease and encourage them to talk with their physicians. I'm concerned that we're losing the art of talking to our patients. People need to know that they can talk to their dentists, and we must take the time to explain why it's important to "do this, not that." I want students to realize that dentists have a huge opportunity to be trusted counselors to their patients with chronic diseases!

*For our readers who were not able to attend the May 4<sup>th</sup> symposium, OHA will keep you apprised of NYAS' plans to publish the proceedings in the Annals of the New York Academy of Sciences. The publication is expected to include a consensus statement emerging from the conference and will be available in segments or in total for a fee at [www.nyas.org](http://www.nyas.org).*