

INFRASTRUCTURE: WHAT THE PRESIDENTIAL BETS ARE MISSING ON

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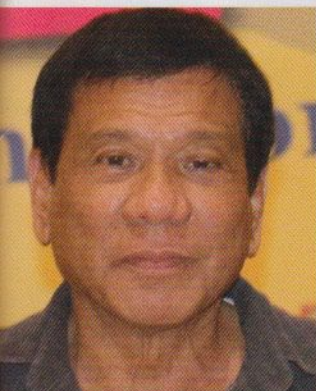
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## THE NEXT PRESIDENT



## Excellence

Dr. Hermogenes Villareal is the Philippines' leading dentist. He can save you from debilitating and deadly diseases.

## DENTIST TO THE ELITE & HOI POLLOI



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# Your teeth can save you from diabetes

By MARIA SHERVY VILLAREAL DE CERQUEIRA  
DMD, FICOL, FICCDE, FPAID, FPFA

## Going to the dentist: what to expect when you have diabetes? Let's talk about the most common dental procedures.

Dental care is particularly important for people with diabetes because diabetics face a higher propensity of oral health problems due to the risks associated with poorly controlled blood sugar levels. Uncontrolled diabetes impairs white blood cells, weakening the main defense of the body against bacterial infections that can occur in the mouth. And a weaker defense means an increase of gum diseases, adding the gum diseases to the list of other complications associated with diabetes, such as heart disease, stroke, and kidney disease.

It is true that gum diseases may also occur in non-diabetic patients, but it is more common and more severe in diabetics.

## The role of the periodontist: The importance of periodontal screening

The primary goal in periodontal therapy is to achieve periodontal health that is consistent with the overall health of the patient and also to reduce any future risks of the recurrence and/or progression of the disease. Early diagnosis and prevention of periodontal disease will prove critical in lessening the impact of diabetes on the outcome of periodontal therapy.

The periodontal therapies are the most common dental procedures for diabetic patients, involving the teeth and tissues surrounding and supporting the teeth such as the gums, periodontal ligaments and bone. The therapies can slow or arrest the progression of periodontitis by reducing local inflammation in oral tissues.

Periodontal screening should be a routine for all patients and must be done comprehensively, especially for patients diagnosed with diabetes. The patient should expect some guidelines to be followed by the dentist:

- Complete periodontal assessment, including children.
- Complete medical history of diabetic state and update at each visit. Always providing patient education and motivation.
- Appropriate diabetic control throughout treatment, and a contingency plan for diabetic medical emergencies.



**DR. DE CERQUEIRA** has her postgraduate in Periodontics and Implant Dentistry at The New York University – NYU. She is a Diplomate Philippine Board of Periodontology. She is affiliated with the St. Luke's Medical Center – Global City and the Asian Hospital and Medical Center. She is the daughter of Dr. Boy Villareal.

## Treating periodontal disease

Treatment for periodontal disease should focus on achieving oral health in the least invasive and most cost-effective manner. Your dentist or periodontist will usually begin with a non-surgical approach (scaling and root planning). Scaling involves scraping tartar from above and below the gum line. Root planning smoothens the root surfaces of the teeth. The combination of both techniques is one of the most effective ways to treat gum disease before it becomes severe and needs surgical intervention. It is intended to solve bleeding and gum swelling, in other words to eliminate oral inflammation.

The professional should reevaluate your condition in follow-up visits. If infection or deep periodontal pockets remain, surgical treatment may be recommended.

## Need for surgery? Tooth rescue

Whenever the patient does not achieve periodontal health, surgical intervention may be indicated. The techniques are periodontal surgical flap surgery, bone grafting, and guided tissue regeneration.

Caused by bacteria adhered to the tooth surface, periodontitis is the more severe form of gum disease. Inflammation and infection affects the tissues surrounding the teeth. When untreated it can lead to the dreaded consequence of losing the teeth. Surgery is the only viable alternative.

One option is the flap surgery, which allows access for deep cleaning of the root surface, removal of diseased tissue, and reshaping of the bones, repositioning of the gums and tissues supporting the teeth. The periodontist will perform debridement and re-contouring in order to heal the diseased area.

The periodontist may also contour the remaining bone or attempt to regenerate lost bone and gingival attachment through bone grafts or guided tissue regeneration. In some cases of severe bone loss, the surgeon may attempt to encourage regrowth and restoration of bone tissue that has been lost with the disease. This involves bone grafting, where the surgeon places bone graft material, which may come from the patient (autogenous), from a cadaver (allograft), or from an animal such as a cow (xenograft).

The guided tissue regeneration is a more advanced technique that may be used along with bone grafting. A specialized piece of barrier membrane usually made of collagen material is placed between the gum and the existing bone. The gum is then sutured over the membrane. The procedure prevents the gum tissue from growing down into the bone therefore allowing the bone and the attachment to the root to regenerate. It is arguably the cutting edge of periodontal surgery.

## If I need oral surgery, am I more at risk for problems?

Potential complications after surgery are no more likely in people with diabetes than in those without the condition. As long as the diabetic is followed by a close medical care and self-care, there should be no reason for a riskier outcome for the diabetic. Remember: self-care is self-knowledge.



## Finding a new tooth. Looking better and healthier

For patients who have lost their teeth to periodontal disease, dental implants are an option. Dental implants are an artificial type of tooth root used to create permanent prosthetic teeth. Implants are screws placed into the jawbone. Prosthetic teeth are then attached to the implant.

## What special precautions do people with diabetes need to take when undergoing these procedures? Some treatment considerations

Since people with diabetes are more prone to conditions that may harm their oral health, it is essential to follow good dental care practices and to pay special attention to any changes in your oral health and to seek a prompt dental consultation if such changes occur. Here are some tips to consider:

- Before the dental treatment, antibiotic prophylaxis may be needed for poorly controlled diabetes. Due to the risk of developing antibiotic-resistant infections, antibiotics are recommended only when necessary, such as fighting severe infection.
- Some treatments are not recommended when blood glucose levels are uncontrolled, due to excessively long wound healing and increased susceptibility to oral

infection, causing more bleeding and inflammation. A dentist should not perform any complex dental procedure if the diabetic patient has uncontrolled blood sugar.

- Maintaining adequate hydration is recommended. When regular foods are not tolerated, the carbohydrate levels still need to remain consistent throughout the day with recommendations of soft foods or liquids as substitutes. Blood glucose levels should be tested more frequently and values 300mg/dL requires a call to the physician.

- Keep your blood sugar as close to normal as possible.

- Remember to inform your dentist about the status of your diabetes. For example, your HgA1C level may be required in order to determine how well controlled your diabetes is (good control is indicated by a level under 7%). If you have had a hypoglycemic episode in the past (low blood sugar, also called an insulin reaction), you are at increased risk to have another one.

- See your diabetes doctor before scheduling treatment for periodontal disease. Ask your doctor to talk to your dentist or periodontist about your overall medical condition before any dental treatment is performed. If oral surgery is planned, your doctor or dentist will tell you if you need to take any presurgical antibiotics or need to

change your meal schedule or the timing and dosage of your insulin, if you take it.

- Do not forget to bring a list of all medicines you are taking. Your dentist will need to know this information in order to prescribe medications least likely to interfere with the medications you are already taking. If a major infection is being treated, your insulin dose—for those taking insulin—may need to be adjusted. Check with your dentist, and follow the post-treatment instructions closely.

- Diabetics with orthodontic appliances (such as braces) should contact their orthodontist immediately if a wire or bracket results in a cut or injury to the gums, cheeks and tongue.

## Good oral health is essential to general health

First of all, the rule of thumb is prevention and discipline. Diabetics who receive proper dental care and control their insulin stand a much better chance of avoiding gum disease.

A good dental health care is the key to preventing oral diseases. Mouth infections require immediate treatment. Dentists may prescribe antibiotics, recommend mouth rinses and more frequent cleanings to avoid complications related to bacterial

## Hermogenes Pedro Villareal, D.M.D.

# Dentist to the elite and the *hoi polloi*

**Born** : April 19, 1948

**Wife** : Violeta J. Villareal

**Children** :

### • Dr. Maria Sheryl J. Villareal-Borja

Completed a one-year international post graduate program in prosthodontics at New York University, New York 2000 – 2001.

### • Dr. Maria Shervy Monica J. Villareal

Has completed a one-year international advanced program in periodontics New York University, 2006 – 2007.

Taking up a three-year masteral program in periodontics and oral implantology at New York University, New York, USA

### • Dr. Sherwin J. Villareal

Completing a two-year international post graduate program in implant dentistry at New York University, New York 2006 – 2008

## Education

- **Bachelor of Science in Psychology**, University of Santo Tomas, Manila
- **Doctor of Dental Medicine**, University of the East, Manila
- **Postgraduate Courses:**  
*Implant Dentistry* (CEU, Manila 1983-1984), *Oral and Maxillo-*

*Facial Surgery* (Federation of Private Dental Practitioners of California, 1985); *International Implant Study Club* (Loma Linda University School of Dentistry, USA, 1985); *International Implant Advanced Course* (Loma Linda University School of Dentistry, 1991); *Advanced Dental Implant Education* (Loma Linda School of Dentistry, 1991); *The Calcitek Implant Surgery Course*, *Integral and Integral Omniloc Dental Implant Systems*, and *Surgical and Prosthetic Management of the Implant Patient*, *The Calcitek Posthetic Training Course*, all at Calcitek, a company of Sulzermedica, San Diego, California, 1991; *Guided Tissue Regeneration in Periodontology*, 80th Annual World Dental Congress, FederacionDentaire International Berlin, 1992

## Positions

- President and CEO, Villareal Dental Clinic, Inc., now 41 years old.
- Founder and President, Doña Gregoria Pedro Villareal Foundation, Inc.
- President, Philippine College of Oral Maxillofacial Surgeons Foundation
- Chair for 11 consecutive years, Asian Hospital and Medical Center Department of Dental Medicine
- President, 2011-2012, Asia Pacific Dental Federation/Asia Pacific Regional Organization (APDF/APRO).
- President, 2005-2006, International College of Dentists, Ph Section



infections. To keep teeth and gums strong, diabetic patients should be aware of their blood sugar levels and have them checked regularly. These may have a direct correlation on chances of developing periodontal disease.

If blood sugar is not under control, diabetic patients should talk with both their dentist and physician about receiving proper dental care. The magic word is the importance of normoglycemia.

There is no secret. Self-care is your foundation. Keep sound oral hygiene habits, brushing at least twice daily (preferably after every meal) with a fluoride toothpaste, flossing daily, keeping blood sugar levels under control, and the potential for periodontal disease infection will be greatly reduced or eliminated as will the risk of tooth loss. Remember: it all start with plaque. Do not wait until the plaque leads to debilitating gum disease. So, avoid plaque formation by practicing good oral care and gum disease will only be a very distant reality.

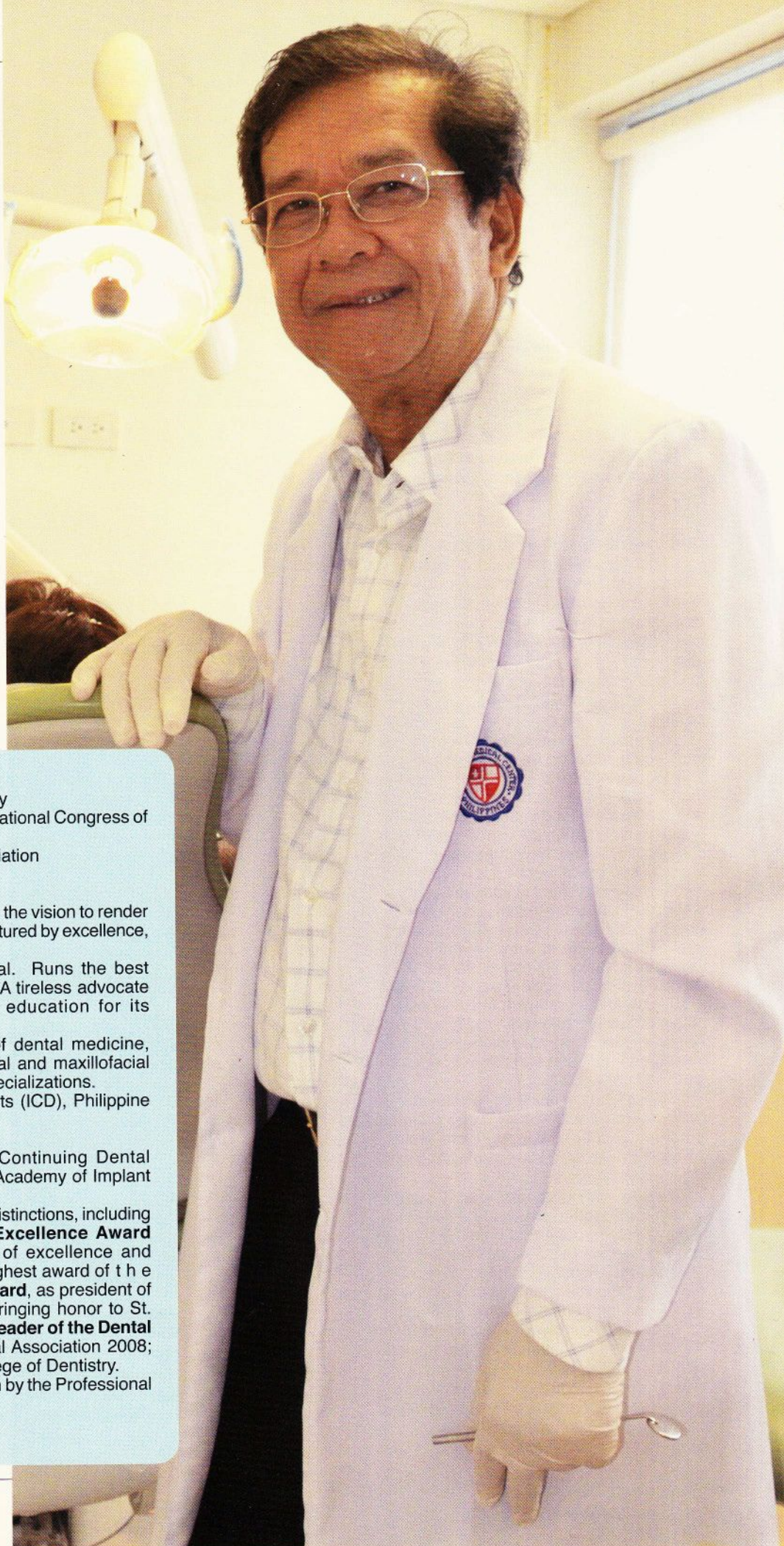
## Diabetes and oral health

*"Take action and gain control of your oral health... keep a healthy mouth"*

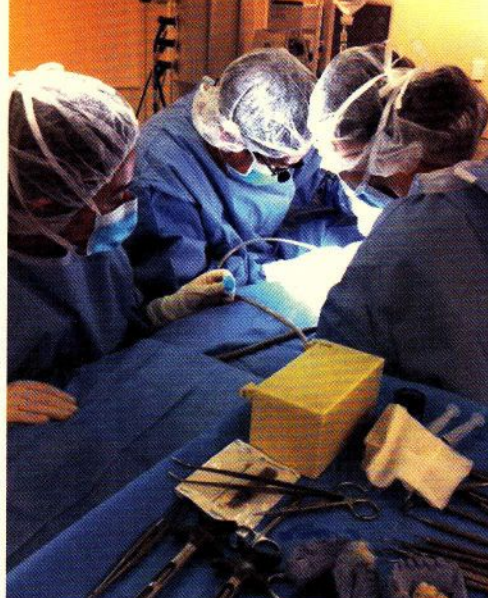
- President, until 2011, Pierre Fauchard Academy
- Chair, Advanced Credential Commission, International Congress of Oral Implantologists, PH Section
- President, 1992-1993, Philippine Dental Association

### Track record

- His Villareal Dental Clinic, Inc. was founded with the vision to render the best in dental medical care and has been nurtured by excellence, professionalism, hard work and perseverance.
- An industry leader and topnotch professional. Runs the best dental clinic and practice in the region today. A tireless advocate of excellence in dentistry and continuing education for its professionals.
- One of the country's leading practitioners of dental medicine, particularly in the field of dental implants, oral and maxillofacial implant surgery and prosthesis and related specializations.
- Master Fellow, International College of Dentists (ICD), Philippine Section
- Life Member, Philippine Dental Association
- Honorary Fellow, International College of Continuing Dental Education (APDF/APRO), and the Philippine Academy of Implant Dentistry
- Recipient of various awards of excellence and distinctions, including **List of Honor Award** from APDF/APRC; **Excellence Award** for embodying Asian Hospital's core value of excellence and global distinction; **St. Apollonia Award**, the highest award of the Philippine Dental Association; **Leadership Award**, as president of the Asia Pacific Dental Federation 2011 for bringing honor to St. Luke's Medical Center Taguig; **Outstanding Leader of the Dental Profession of the Century**, Philippine Dental Association 2008; **Most Outstanding Alumnus**, by the UE College of Dentistry. **Outstanding Professional in Dentistry**, given by the Professional Regulatory Commission.
- Outstanding civic leader and philanthropist







**DR. HERMOGENES P. Villareal at the operating room doing a dental surgical procedure**



**THE TEAM. (From left): Christopher E. Borja, VDCI physical therapist; Dr. Maria Sheryl Villareal-Borja, prosthodontist/family dentist; Violeta J. Villareal, VDCI vice president; Dr. Hermogenes P. Villareal, president; Dr. Shervy Villareal-De Cerqueira, periodontist and Dr. Sherwin J. Villareal, oral surgeon/oral implantologist.**

### Oral manifestation of diabetes

Diabetes, being a group of metabolic disorders sharing the common underlying feature of hyperglycemia (high blood sugar), can harm the eyes, nerves, kidneys, heart, and other important systems in the body. The main focus of this discussion will be on how the diabetes affects your mouth, and the appropriate way to address and prevent potential oral complications.

Too much glucose in the blood can cause pain, infection and other problems in your mouth, which includes teeth, gums, jaw, tongue, the roof and bottom of your mouth and the inside of your cheeks. Indeed, the mouth can comprise a long list of potential complications. And the trigger, the culprit, is uncontrolled blood glucose.

Glucose is present in your saliva. When diabetes is not controlled, high glucose levels in your saliva help harmful bacteria to grow. These bacteria combine with food to form a soft, sticky film called plaque. It can cause cavities, gum disease and bad breath (halitosis). It is a prevalent occurrence that gum disease will be more severe and take longer to heal if you have diabetes. In turn, having gum disease can make your blood glucose hard to control.

So, we all know diabetes can cause serious problems in your mouth. If your diabetes is not under control, you are more likely to develop problems in your mouth. And what are the risks involved?

People with diabetes are at special risk for periodontal disease, an infection of the gum and bone that hold the teeth in place. It can lead to a range of debilitating oral manifestations, such as tooth mobility, chewing difficulties, and eventually tooth loss. Periodontal disease may also hinder the control of your blood glucose.

Other oral manifestations are xerostomia (dry mouth), higher infection risk, poor healing, burning mouth, increased incidence and severity of periodontal disease, fungal infection called thrush (candidiasis), and neurologic complications. Dry mouth hap-

pens when you do not have enough saliva. In addition, diabetes may also cause the glucose level in your saliva to increase. Thus, these problems may lead to thrush, which causes painful white patches in your mouth.

### Role of dental plaque

*"High glucose levels = Increased plaque"*

Dental plaque is a biofilm, usually pale yellow, which develops naturally on the teeth. Formed by bacteria stuck to the tooth's smooth surface, plaque that is not removed hardens over time into tartar and collects above your gum line. Tartar makes it more difficult to brush and clean between your teeth.

Your gums become red and swollen, and bleed easily – undisputed signs of unhealthy or inflamed gums, called gingivitis. When gingivitis is not treated, it can advance to gum and bone disease called periodontitis. Both the bacteria and your body's response to this infection start to break down the bone and the tissue that hold the teeth in place.

If periodontitis is not treated, the gums, bones and tissue that support the teeth are destroyed. Teeth may become loose and might need to be removed. If you have periodontitis, your dentist may send you to a periodontist, a specialist in treating gum disease.

### Detection and screening

Take time to check your mouth regularly for any signs of problems from diabetes. In case you notice any problems, see your dentist right away. Be aware of the first signs of gum disease, such as swollen, tender, or bleeding gums, especially during brushing and flossing. In addition, abscess formation, dryness, soreness, white patches, or a bad taste in the mouth can all manifest. However, there are cases when the gum disease may remain asymptomatic until it reaches a certain level of severity, which then triggers pain and discomfort. Thus, it

is highly recommended to call and visit your dentist, preferably twice a year for cleaning and check-up.

### Preparing a visit to the dentist

Planning ahead is paramount. You should monitor your blood glucose levels regularly. It is vital to understand that a good glucose control can help prevent mouth problems.

Talk with your doctor and dentist before the visit about the best way to take care of your blood glucose during dental work. If you are taking insulin or other diabetes medication, take them and have a meal before visiting the dentist. It is advisable that you bring your diabetes medicines and your snacks or meal with you to the dentist's office especially if you will undergo a long procedure.

### Prevention and maintenance

As mentioned before, normal blood sugar is the key to controlling and preventing mouth problems. It helps to explain why patients with poor blood glucose are more susceptible to gum disease than people whose diabetes is well controlled. Daily brushing and flossing, together with regular dental check-ups and optimum management of sugar level are the best defense against the oral complications of diabetes.

Some steps are fundamental if you want to keep your mouth healthy:

- Monitor and control your blood glucose level. Your doctor will help you set your target blood sugar numbers and teach you what to do if your numbers are too high or too low.

- Eat healthy meals and follow the meal plan that you have worked out with your doctor or dietitian.

- Aim for brushing first thing in the morning, after each meal and after sugary snacks, and before bedtime.

- Gently brush your teeth with the toothbrush angled towards the gum line, use small circular motions, and brush the front, back and top of each tooth.



## Partners

- Clean your tongue either with your brush or preferably with a tongue scraper.
- Change your toothbrush every 3 months or sooner if the toothbrush looks worn out or the bristles become frayed. A new toothbrush removes more plaque, and carries fewer microorganisms.

- Use dental floss or interdental brushes to clean between your teeth at least once a day, to prevent plaque from building up between your teeth.

- Visit your dentist regularly. Be sure to tell your dentist that you have diabetes, and call right away if you have any symptoms of mouth problems.

- Ask your dentist about using an anti-plaque mouthwash to prevent gum disease.

- Quit smoking. Smoking and diabetes are a dangerous mix. It raises your risk for many diabetes problems especially making gum disease worse. Consult your dentist or physician for help.

- See your dentist twice a year for a cleaning and checkup. Your dentist may suggest more visits if it will be deemed necessary. An individualized maintenance care program is ideal for long-term follow-up and prevention.

### You and your dentist

The rapport between patient and dentist is the first step towards a successful outcome. Both sides should share an open, honest, trustworthy, respectful, professional relationship. The patient must have some important points to consider when dealing with the dentist.


First of all, it is never enough to emphasize the extreme necessity of informing your dentist that you have diabetes, and to share the results of your diabetes blood tests, such as the A1c or the fasting blood glucose test.

Being open also corresponds to keeping all the information about any changes in your health or medicine intake. Furthermore, it is important to follow your dentist's advice. If your dentist informs you about a problem, take care of it right away. Waiting too long can magnify the gravity of the condition. Never forget to follow the steps or treatments prescribed to keep your mouth healthy.

If you feel nervous during the appointment, tell your dentist and the clinical staff about your feelings. For many people, a dental chair can constitute the most intimidating environment, and the dental team should be aware of that. They all know the fear and anxiety regarding the visit to dental clinics, and part of their job consists of dealing successfully with different behavior patterns of the patients. Concerning the treatment, remember that it can always be adapted to your needs.

Do not let your nerves stop you from having regular check-ups, which is the best way to ensure a long-term, stress-free oral health. Waiting too long to take care of your mouth will only make things worse. Prevention will always save you time and money.

— Reprinted from *Diabetease Magazine* and *Dental Access Magazine*



**DR. VILLAREAL** with his wife Violeta, a MedTech. She is the vice president of Villareal Dental Clinic Inc.