Dental Care for Diabetics Falls Short in Most States

BY CHRISTINE KILGORE
Contributing Writer

Most states have not yet reached national targets set for dental health care in patients with diabetes, or have not made significant improvements in the past 5 years—a finding that "underscore(s) the need to increase awareness and support for oral health care among adults with diabetes," according to the Centers for Disease Control and Prevention.

Only seven states thus far have reached the national health objective for 2010 of increasing to at least 71% the proportion of people with diabetes who have annual dental examinations. And only four states and the District of Columbia made significant improvements between 1999 and 2004 (MMWR 2005:54:1181-3).

Only seven states have reached the national health objective for 2010 of increasing to at least 71% the proportion of people who have annual exams.

Adults with diabetes have both a higher prevalence of periodontal disease and more severe forms of the disease. And periodontal disease has been associated with development of glucose intolerance and poor glycemic control among adults with diabetes, the CDC said.

The CDC analyzed data from the state-based telephone surveys that were conducted in 1999 and 2004 as part of the Behavioral Risk Factor Surveillance System.

Participants in the telephone survey were asked how long it had been since they last visited a dentist or a dental clinic for any reason.

The participants who identified themselves as dentate and diabetic and who provided information about their dental visit history—approximately 21,000 respondents—were included in the data analysis.

Nationally, a median of 67% reported in the 2004 survey that they had a dental visit during the preceding 12 months—up just 1% from 66% in 1999.

Age-adjusted estimates for 2004 exceeded 71% in Kansas, Minnesota, Nebraska, Pennsylvania, Rhode Island, Utah, and Wisconsin. Significant increases over 1999 were seen in Arizona, the District of Columbia, Kansas, Minnesota, and Ohio.

The District of Columbia made the biggest strides, increasing its estimated percentage of dental patients to 71% in 2004 from just 37%—the lowest percentage in any state—in 1999.

Diabetes education programs should emphasize dental care for all people with the disease, "with emphasis on non-Hispanic blacks, persons with lower education and income, and those who lack health insurance," the CDC stated. These groups were least likely to report dental visits. ■

Limited Mobility Impairs More Than One in Four Adult Diabetics

BY CHRISTINE KILGORE
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Adults with diagnosed diabetes were significantly more likely to have limited mobility than were those without the disease (27% vs. 16%), according to preliminary findings from an analysis of data from the National Health and Nutrition Examination Survey, 1999-2002.

Adults with lower extremity disease (LED) faced similarly increased risks: Twenty-six percent of those with the disease had mobility limitation, compared with 15% of those without LED, the Centers for Disease Control and Prevention reported.

LED was defined as the presence of peripheral arterial disease, peripheral neuropathy, a self-report of foot/leg ulcers, or a technician-observed toe or foot lesion or amputation.

The findings likely underestimate the prevalence because almost a quarter of patients who participated in the survey were excluded due to missing data.

The prevalence of limited mobility among adults with both diagnosed diabetes and LED was greater than that among adults with only one of the conditions, and almost three times greater—39%—than the prevalence among adults with neither condition.

The risk of limited mobility in patients with diagnosed diabetes or LED was "additive overall," with "no statistically significant interaction between diabetes status and LED status," the investigators reported (MMWR 2005:54;1183-6).

The findings likely underestimate the prevalence of mobility limitation because almost a quarter of patients who participated in the survey were excluded from the study due to missing data. Such patients were older and more likely to have diagnosed diabetes, the investigators noted.

Patients with limited mobility most frequently reported that their limitations were related to an inability to walk a quarter mile or up 10 steps without resting.

Among those with both diabetes and LED, 33% reported such difficulties. Significantly fewer—6%—said they had difficulty walking from one room to another on the same level (the most severe form of mobility limitation analyzed).

"As the U.S. population ages and the prevalence of diabetes increases, LED and its health consequences, including chronic ulcers in feet or legs, amputations, and mobility limitations, will become increasing public health concerns," the CDC researchers said.

The analysis covered approximately 4,700 noninstitutionalized adults aged 40 and over who participated in the National Health and Nutrition Examination Survey, an ongoing, cross-sectional survey in which data are collected through in-person interviews and medical examinations. (Approximately 6,000 adults participated, but more than 1,300 were excluded from the analysis.) ■

CLINICAL CAPSULES

U.S. Activity Levels Stagnant

Most U.S. adults did not engage in the minimum recommended level of physical activity in 2003, according to the Centers for Disease Control and Prevention.

Results from the nationwide Behavioral Risk Factor Surveillance System (BRFSS) suggest that between 2001 and 2003 there were no significant changes in the proportion of U.S. adults who engage in the recommended amount of physical activity or in the proportion who don't exercise at all, the CDC said (MMWR 2005;54:1208-12).

Responses from 214,500 participants in the 2001 BRFSS were compared with those of 264,684 in the 2003 survey. To meet the minimum recommended activity level, an individual had to engage in moderate activity for at least 30 minutes per day, 5 or more days a week, or vigorous activity at least 20 minutes per day, 3 or more days per week. Inactivity was defined as no moderate or vigorous activity of at least 10 minutes.

In 2003, the age-adjusted proportion of adults engaging in the minimum recommended activity level was 45.9%, up only slightly from the 45.3% reported in 2001. Increases occurred in 41 states and territories, while levels decreased in 12 states and territories. There was also no major change in lifestyle inactivity between 2001 (16.0%) and 2003 (15.6%), although there were decreases in 32 states and territories.

Bariatric Surgery Rates Balloon

The recent growth of bariatric surgery in the United States appears highly correlated with the development of laparoscopic bariatric surgery, reported Dr. Ninh T. Nguyen and colleagues at the University of California, Irvine.

From 1998 through 2002, a total of 188,599 morbidly obese patients underwent bariatric surgery in the United States. The number of procedures rose from 12,775 in 1998 to 70,256 in 2002, according to the investigators. During the same period, the rate of bariatric procedures rose from 6.3 per 100,000 adults in 1998 to 32.7 per 100,000 adults in 2002 (Arch. Surg. 2005;140:1198-202).

"The increased enthusiasm for bariatric surgery coincides with the development and dissemination of the laparoscopic approach," the investigators wrote.

The overall annual rate of laparoscopic procedures increased exponentially, from 0.1 procedures per 100,000 adults in 1998 to 5.9 procedures in 2002. This compares with the smaller linear rise of open procedures, from 6.2 procedures per 100,000 adults in 1998 to 26.8 procedures per 100,000 adults in 2002. The percentage of laparoscopic procedures increased from 2.1% of the total in 1998 to nearly 18% in 2002.

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A previous study reported that bariatric procedures increased from 9,189 in 1993 to 12,541 in 1997, while the American Society for Bariatric Surgery (ASBS) has estimated that there were around 140,000 bariatric procedures in 2004, Dr. Nguyen and colleagues said.

The ASBS reported that their membership has risen from 258 in 1998 to 631 in 2002, a 144% increase in membership over 5 years.

Same Old, Same Old Aids Weight Loss

Limiting the variety of snack foods consumed to a subject's favorite snack may decrease the craving for that food, according to Hollie A. Raynor, Ph.D., and her colleagues at Brown University, Providence, R.I.

Thirty overweight and obese adults were randomized to one of two 8-week behavioral weight-loss interventions. The subjects, 27 of whom were female, were assigned a daily caloric goal of 1,200-1,500 kcal, with 20% of the calories coming from fat.

Half the subjects were randomized to an intervention that limited variety to one chosen snack food. They were told to eat this favorite snack at least four times a week in any amount, as long as their overall calorie restrictions were met. The 15 control subjects were told to keep their snack food servings to less than one per day, but they had no restriction on variety (Eat. Behav. 2006;7:1-14).

Both groups lost nearly 8 pounds, as was expected based on the calorie prescription. But the subjects in the reduced-variety group showed a decreased sense of pleasantness in response to their chosen snack food over time, compared with other snack foods given to them by researchers at the end of the study (–17.9 vs. –3.4 on a 100-mm visual analog scale, respectively). The pleasantness of the chosen snack food increased in the first 3 weeks but decreased steadily as the study went on, the investigators said.

In contrast, the controls showed no long-term sensory-specific satiety or feelings of monotony in response to the snack foods they ate.

By the end of the study, the reduced-variety group decreased energy consumption from snack food by 1,732 calories/week, while controls had a reduction of 1,448 calories/week, they said.

—Kevin Foley and Miriam E. Tucker

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