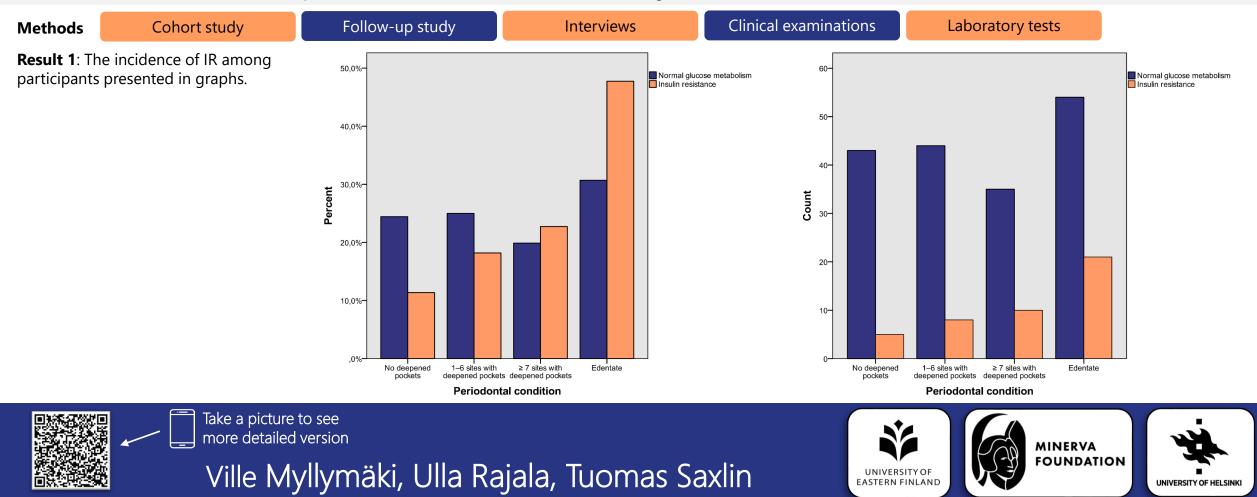
Poor periodontal condition and edentulousness weakly predict the development of insulin resistance



Background: Maintaining a good periodontal health has gained attention as a method of improving glucose equilibrium among diabetic individuals. The prevalence and incidence of insulin resistance is a growing health-concern worldwide, affecting both well-being and public health. However, a limited number of studies with longitudinal setting have addressed the association between periodontal condition and insulin resistance among non-diabetic individuals.



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Result 2: The association of the presence of deepened (\geq 4 mm) periodontal pockets and edentulousness at baseline in 1990–1992 with the presence of different categories of insulin resistance (IR) defined by Qualitative Insulin Sensitivity Check Index (QUICKI) on follow-up in 2007–2008; incidence rate ratios (IRR) with 95% confidence intervals (95% CI). QUICKI was determined according to the following equation: 1/[log(I0) + log(G0)], in which I0 is fasting insulin and G0 is fasting glucose.

Periodontal condition	QUICKI quintile (≤0.3166)	
	n (%)	IRR (95% CI)
Total (Effective <i>n</i> = 220)		
No deepened pockets ($n = 48$)	5 (10)	1.0
1–6 sites with deepened pockets ($n = 52$)	8 (15)	1.5 (0.6–4.1)
\geq 7 sites with deepened pockets (<i>n</i> = 45)	10 (22)	1.3 (0.6–3.1)
Edentate ($n = 75$)	21 (28)	1.6 (0.7–3.5)
Non-smokers (Effective <i>n</i> = 199)		
No deepened pockets ($n = 45$)	5 (11)	1.0
1–6 sites with deepened pockets ($n = 50$)	8 (16)	1.6 (0.6–4.4)
\geq 7 sites with deepened pockets (<i>n</i> = 38)	9 (23)	1.5 (0.7–3.3)
Edentate ($n = 66$)	18 (27)	1.4 (0.6–3.2)

Limitation: A common concern in non-experimental studies on diseases with a complex social and biological background is the control of confounding

and especially the possibility of residual confounding related to variables difficult to control for.

