Acta Scientific Dental Sciences (ISSN: 2581-4893)

Volume 7 Issue 9 September 2023

Editorial

Tobacco Use and Diabetes Mellitus: An Editorial

Suhani Gupta*

Department of Oral Medicine and Maxil-lofacial Radiology, Consultant Dental Surgeon, Mint Leaf Dental Clinic, Gurugram, Haryana, India

***Corresponding Author:** Suhani Gupta, Department of Oral Medicine and Maxil-lofacial Radiology, Consultant Dental Surgeon, Mint Leaf Dental Clinic, Gurugram, Haryana, India.

Received: July 25, 2023

Published: August 01, 2023

Smoking as a mode of consumption is most commonly used for tobacco, mainly in the form of burnt tobacco and predominately cigarettes. Although the rate of cigarette smoking is decreasing in several countries, it remains a serious threat to public health worldwide, particularly in central and south-east Asia as well as in eastern Europe with the world's largest number of smokers.

Te devastating negative impact of cigarette smoking on health is well known, causing a wide range of diseases and disorders throughout every organ and system in the human body. The risks of developing cardiovascular diseases, cancer and chronic obstructive pulmonary diseases (COPD) are strongly correlated with the amount of daily consumption of cigarettes and the overall duration of smoking; prolonged smoking avoidance decreases these risks. In addition to the smoking epidemic, another devastating pandemic looms: diabetes mellitus (DM).

Since 1980, the number of adults with DM worldwide has quadrupled, exceeding 400 million people with a prognosis of nearly 650 million in the year 2040 IFD Atlas 2015, 7th Edition.

DM is characterized by a chronic hyperglycemia that causes irreversible damage to the blood vessels and consequently leading to macrovascular (coronary artery disease, stroke, peripheral arteriopathy and erectile dysfunction) and microvascular (retinopathy, nephropathy and diabetic neuropathy) complications of the disease.

Cigarette smoking is one of the most important modifable risk factor for DM. Exposure to cigarette smoke is associated with vascular damage, endothelial dysfunction and activation of the blood-clotting cascade, so it is not at all surprising that the combined harmful effects of elevated blood glucose with cigarette smoking accelerates vascular damage in people with diabetes who smoke. It is widely accepted that cigarette smoking substantially increases the risk of micro and macrovascular complications in patients with type 2 DM (T2DM). Quitting smoking substantially reduces this risk. Even as reducing exposure to cigarette smoke is an imperative for public health, it is even more so for patients with DM, as reflected in most clinical guidelines.

Doctors and healthcare providers therefore have a duty to alert their patients with diabetes about the additional burden of risks of caused by smoking. The message must be strong and personalized. Physicians should evaluate the need to prescribe drugs for the treatment of nicotine addiction to decrease nicotine withdrawal symptoms that may occur: dysphoric or depressed mood, irritability, frustration or anger, anxiety and restlessness, increased cough, increased appetite, weight gain, sense of weakness and constipation. Physicians should not hesitate to refer these patients to a specialized center and follow-up on their course of treatment.