

# Straumann® Roxolid® SLActive® narrow diameter implants placed in type 2 diabetic patients (DM2).

Results from the prospective, two-year clinical study<sup>1</sup>.

- According to the World Health Organization (2016), an estimated 422 million adults worldwide were living with diabetes in 2014 (compared with 108 million in 1980).<sup>2</sup>
- 8.5% of adults over 18 years of age was suffering from diabetes in 2014 (4.7% in 1980).<sup>3</sup>
- Worldwide, 1 in 11 adults suffers from diabetes, while among adults 60 years of age and older, the prevalence is twice as high.<sup>4</sup>
- In diabetic patients, an increased risk of inflammation of the tissues surrounding the tooth may cause periodontitis eventually leading to tooth loss.<sup>4</sup>

## Study design

### Study duration



2 Years

### Indication



Single tooth gap in the anterior and premolar zone of the maxilla and mandible

### Patients



27\*

non-diabetic 14    diabetic (DM2\*\*) 13

### Implant



SLActive®



Roxolid®

3.3mm Straumann® Roxolid® SLActive®

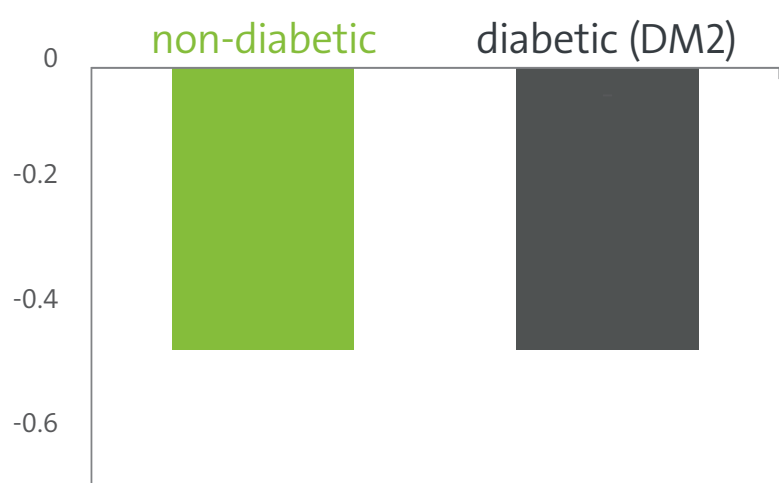
\*available for 2 years follow up

\*\*well-controlled (HbA1c level)

## Results

Similar bone loss\*\*\*

Mean crestal bone level change after 2 years



After 2 years, no differences between the two treatment groups were found.

\*\*\* non-diabetic: -0.43-/+0.47mm, diabetic: -0.48-/+0.5mm

## Excellent performance

Implant success and survival rates of the diabetic and the non-diabetic groups after 2 years follow-up.



non-diabetic



diabetic (DM2)

## Conclusions

- Straumann® Roxolid® SLActive® narrow diameter implants, placed in both diabetic and healthy patients have shown excellent survival rates and similar bone remodeling after 2 years.
- SLActive® implants can be used in diabetic patients with a high predictability of success.

### References

1. Cabrera-Domínguez J. A prospective, two-year clinical trial of titanium-zirconium alloy implants (Roxolid® Straumann®) with hydrophilic surface (SLActive®) in patients with Type 2 Diabetes Mellitus. Data presented during the EAO 2017.
2. Global report on diabetes. World Health Organization 2016, ISBN 978 92 4 156525 7
3. Projections of global mortality and burden of disease from 2002 to 2030. Mathers CD, Loncar D. PLoS Med, 2006, 3(11):e442.
4. DF Diabetes Atlas, 7th Edition, 2015 <http://www.diabetesatlas.org/>.