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Life is like a box of chocolates: meeting the periodontal challenge

PROFESSOR ANTHONY ROBERTS on why managing patients with perio disease is akin to delving into a box of chocolates – you never know what you’re going to get...

With a population 5 Years and over who are edentulous has dentistry. The Adult Dental Health (ADH) Survey 2020 indicated that the number of people aged 5 years over who are edentulous reduced from circa 75 per cent in 1979 to less than 25 per cent, hopefully due, in no small part, to improvements in the quality care we provide for our patients. Clearly, not all of the teeth lost are solely due to periodontal disease, but the ADH Survey tells us that approximately 50 per cent of the population has an inflammatory disease affecting the periodontal tissues. In addition, overall, 45 per cent of whole-mouth periodontal (gum) pocketing exceeding 4 mm and, no doubt, unfortunately, some of these teeth will be lost. The conclusions we can draw from the ADH Survey is periodontal terms are:

- Periodic care remains common at a low level.
- Dental attrition is more evident over time.
- There is a slight increase in the prevalence of more severe disease.

The impact of severe disease is concentrated in a small proportion of the population. The importance of preventing periodontal disease before it begins it: www.prober.co.uk.

How will periodontitis progress?

The WHO, in 1999, defined periodontitis as an inflammatory disease processes, and that they have realistic expectations relating to treatment outcomes and the financial elements need to be communicated to patients so that they have realistic expectations relating to treatment outcomes and the financial elements need to be communicated to patients.

To conclude, there are a significant number of patients with chronic gingivitis and, given the consensus that the state has the potential to be stable over time, perhaps they do need to be treated at this time. The management of gingivitis patients should be given a high priority to ensure that the dental plaque is kept low. Unfortunately, the pathogenesis of periodontal disease is complex, and while there are tools to assist clinicians to predict those individuals who are likely to have periodontitis, there is currently no crystal ball that will do 100 per cent accuracy. As a consequence, patients with periodontitis are a significant challenge, and outcomes often are a box of chocolates.

Reader enquiry: 120
Professor Anthony Roberts is professor of Periodontology at University College Cork in Ireland. Since qualifying as a dentist in 1988, Prof Roberts has worked in general practice as well as hospital and university settings.

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| Periodontitis | Adult Dental Health (ADH) Survey | 1. Bleeding Index Reduction DOF 1 – 2013 (LAEBBA0001), 50.9% reduction in whole-mouth mean Bleeding Index at 4 weeks. |

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Types of treatment

Current, oral plaque biofilm disruption is the most effective way to treat and prevent both conditions, through mechanical and, where appropriate, chemical intervention. On a day-to-day basis, the emphasis is on the patient to affect their plaque biofilm removal or disruption using the variety of homecare products available. From a clinician’s perspective, in terms of scheduling treatment for patients with chronic periodontal disease, there are three main approaches that have been implemented over the years:

- Conventional Staged Debridement (CSD), which involves scaling and root surface debridement over a period of weeks in a quadrant or sixth of the mouth.
- Full Mouth Debridement (FMD), which comprises scaling and root surface debridement in the shortest period of time and the use of antimicrobial agents on the tongue, tonsils and sub-gingivally with the aim of minimising the bacterial load in the various bacterial reservoirs in and around the oral cavity.
- Full Mouth Debridement (FMD), which is essentially the same as the FMDs approach, but without the adjunctive use of chlorhexidine.

Which treatment regime is best for patients with chronic periodontitis? Although, all of the modalities achieve much the same outcomes, FMDs and FMDs do offer slightly better statistical results, but whether they are clinically significant or is debatable. Therefore, the different treatment modalities may be recommended for chronic periodontitis (without preference), provided adequate preventive measures are delivered. A different conclusion is contended to patients with aggressive periodontitis where FMDs, with the adjunctive use of systemic antibiotics is considered as a second line of treatment as the preferred non-surgical treatment modality.

Outcomes of treatment

Treatement outcome is dependent upon many factors, including the extent of the initial presenting lesion, plaque control and treatment quality. Local anatomy is highly significant for example, a tooth in an edentulous space is known to be important in terms of treatment outcomes. Data from Claffey et al. 2005 indicates that the outcome of periodontal treatment in teeth that are fixedly attached to natural teeth is better than those where there is no fixation involved. Many variables will require a number of case studies to provide meaningful data.

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