

# Executive Summary - Guidelines for Periodontal Screening and Management of Children and Adolescents Under 18 years of Age

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Dental practitioners have a key role to play in the early recognition and diagnosis of gingival and periodontal diseases.

Following the British Society of Periodontology (BSP) Policy Statement in 2001 relating to the screening and management of periodontal problems in adults seen in primary dental care and the update to the Basic Periodontal Examination (BPE) in 2011 ([www.bsperio.org.uk](http://www.bsperio.org.uk)), the need for a document pertaining to the child and adolescent population has been recognized (Clerehugh 2008). These Guidelines have been formulated to set out the recommendations of the BSP and the British Society of Paediatric Dentistry (BSPD) for the periodontal screening and management of children and adolescents under 18 years of age in the primary dental care setting.

The aims of these Guidelines are: 1) To outline a method of screening children and adolescents for periodontal diseases during the routine clinical dental examination. 2) To provide guidance on when it is appropriate to treat in practice or refer to specialist services.

Periodontal screening for children and adolescents assesses six index teeth (UR6, UR1, UL6, LL6, LL1 and LR6) using a simplified BPE to avoid the problem of false pockets (Ainamo et al 1984). The WHO 621 style probe with a 0.5 mm ball end, black band at 3.5 to 5.5 mm, and additional markings at 8.5 mm and 11.5 mm is used.

BPE codes 0-2 are used in the 7- to 11-year-olds while the full range of codes 0, 1, 2, 3, 4 and \* can be used in the 12- to 17-year-olds (Figures 1 and 2).

Cases that may warrant referral for specialist care are shown in Table 1.

Figure 1. Simplified BPE codes for under 18 years

0	Healthy	<ul style="list-style-type: none"> <li>•Simplified BPE                             <ul style="list-style-type: none"> <li>• Index teeth (WHO partial recording for adolescents)                                     <ul style="list-style-type: none"> <li>UR6, UR1, UL6</li> <li>LR6, LL1, LL6</li> </ul> </li> <li>•BPE codes 0,1,2 ages 7-11 years (mixed dentition stage)</li> <li>•Full range BPE codes 0,1,2,3,4,* ages 12 -17 years (permanent teeth erupted)</li> </ul> </li> </ul>
1	Bleeding after gentle probing	
2	Calculus or plaque retention factor	
3	Shallow pocket 4mm or 5mm	
4	Deep pocket 6mm or more	
*	Furcation	

Figure 2. Examination of index teeth

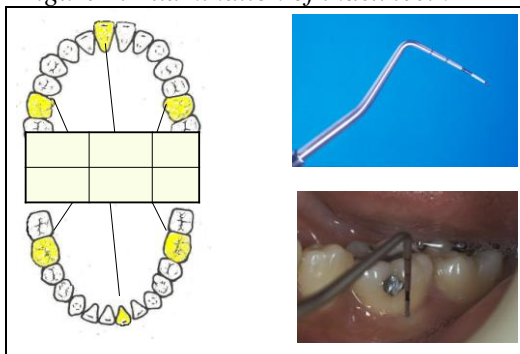


Table 1. When to refer to a specialist

Diagnosis of aggressive periodontitis
Incipient chronic periodontitis not responding to treatment
Systemic medical condition associated with periodontal destruction
Medical history that significantly affects periodontal treatment or requiring multi-disciplinary care
Genetic conditions predisposing to periodontal destruction
Root morphology adversely affecting prognosis
Non-plaque-induced conditions requiring complex or specialist care
Cases requiring diagnosis/management of rare/complex clinical pathology
Drug-induced gingival overgrowth
Cases requiring evaluation for periodontal surgery

## References

- Ainamo J, Nordblad A and Kallio P. Use of the CPITN in populations under 20 years of age. *Int Dent J* 1984;34:285-291.
- British Society of Periodontology. Periodontology in General Dental Practice in the United Kingdom. A Policy Statement 2001 ([www.bsperio.org.uk](http://www.bsperio.org.uk))
- British Society of Periodontology. Basic Periodontal Examination (BPE), revised October 2011 ([www.bsperio.org.uk](http://www.bsperio.org.uk))
- Clerehugh V. Periodontal diseases in children and adolescents. *Br Dent J* 2008; 204: 469-471