
GUIDELINES FOR EFFECTIVE PREVENTION OF PERIODONTAL DISEASES

GUIDANCE FOR DENTAL SURGEONS

These guidelines are the product of the XI European Workshop in Periodontology (the 'Prevention Workshop'), which took place in November 2014 in La Granja de San Ildefonso (Segovia), Spain. For further information, please see the Prevention Workshop website (prevention.efp.org). The full proceedings of the workshop were published in April 2015 in the Journal of Clinical Periodontology and can be downloaded (in pdf format) free of charge from: <http://onlinelibrary.wiley.com/doi/10.1111/jcpe.2015.42.issue-S16/issuetoc>. In addition, a podcast is available for viewing (at <http://efp.stream-congress.com>) in which the four co-chairmen of the Prevention Workshop discuss its conclusions and guidelines.

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PERIODONTITIS IS A CHRONIC NON-COMMUNICABLE DISEASE AND PRESENTS A GLOBAL PUBLIC-HEALTH BURDEN. IT IS HOWEVER PREVENTABLE AND PRIMARY PREVENTION INVOLVES MANAGING GINGIVITIS TO PREVENT PERIODONTITIS. SECONDARY PREVENTION REFERS TO PREVENTING DISEASE RECURRENCE IN TREATED PATIENTS AND MAY REQUIRE DIFFERENT APPROACHES FROM PRIMARY PREVENTION. MANAGING RISK FACTORS AND CHANGING PATIENT BEHAVIOUR ARE KEY TO SUCCESS; HOWEVER THIS GUIDANCE FOCUSES ONLY ON THE EVIDENCE FOR MECHANICAL AND CHEMICAL PLAQUE-CONTROL METHODS.

- Daily mechanical plaque removal is the foundation stone of primary and secondary prevention and when correctly performed is effective in reducing plaque and gingivitis.
- Professional instruction to patients in a personalised oral-hygiene regime is vital for successful periodontal prevention. However, it requires a significant time commitment by your team and the patient. It is best provided following patient education about the nature of their disease and the crucial role they have to play in its daily management. This stage is frequently ignored or undervalued/under-represented in oral-care regimes.
- Patients need to understand that periodontal prevention is a life-long commitment and that working in partnership with the dental team provides a roadmap to its success.
- Both manual and power brushes are effective in reducing plaque and gingivitis. Brushing twice daily for 2 minutes may be effective for primary prevention in low-risk patients. However, high-risk patients require substantially more time, as do secondary prevention regimes, and the “2-minute myth” for these groups clearly needs correcting.

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- Daily interproximal cleaning is essential for maintaining interproximal gingival health, but there is little evidence to support the use of dental floss for interdental cleaning. Interdental brushes are the most effective method for plaque removal and where spaces will accommodate their atraumatic use they are the current method of choice.
- Caution is advised in the use of interdental brushes at healthy sites without attachment loss where interdental spaces may be too narrow to safely accommodate them. Here, the use of dental floss may be better than no interdental cleaning at all.
- Chemical anti-plaque agents employed adjunctively to mechanical plaque removal in a mouth rinse or added to a fluoridated dentifrice provide significant improvements in managing gingivitis and preventing plaque accumulation. However, side-effects, cost and environmental issues should be considered when making such recommendations.