
GUIDELINES FOR EFFECTIVE PREVENTION OF PERIODONTAL DISEASES

GUIDANCE FOR DENTAL HYGIENISTS

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.

GUIDELINES FOR EFFECTIVE PREVENTION OF PERIODONTAL DISEASES PREVENTION OF PERIODONTITIS

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THIS GUIDANCE IS BASED UPON SYSTEMATIC REVIEWS OF RANDOMISED CLINICAL TRIALS WITHIN THE AVAILABLE LITERATURE AND, WHERE INDICATED, META-REVIEWS OF THOSE SYSTEMATIC REVIEWS. THE FINDINGS MAY APPEAR CONTRARY TO THE UNDERGRADUATE TEACHINGS OF MANY DENTAL HYGIENISTS, BUT THEY ARE THE CURRENT EVIDENCE BASE. THE DENTAL HYGIENIST PLAYS A CRUCIAL ROLE IN THE SUCCESSFUL PREVENTION OF GINGIVITIS AND PERIODONTITIS, EDUCATING PATIENTS AND ACHIEVING BEHAVIOUR CHANGE. THEREFORE THIS GUIDANCE AIMS TO PROVIDE THE CURRENT EVIDENCE FOR MECHANICAL AND CHEMICAL PLAQUE CONTROL FOR IMPLEMENTATION BY DENTAL HYGIENISTS.

- Daily mechanical plaque removal remains the foundation of primary (managing gingivitis) and secondary (preventing recurrence of periodontitis) prevention and when correctly performed is effective in reducing plaque and gingivitis.
- Professional oral-hygiene-instruction, personalised to individual patients, is vital to their ability to achieve the required standard of plaque removal. This is best demonstrated in the patient's own mouth and checking the patient can achieve this prior to leaving the surgery is recommended. It also requires appropriate time within your treatment plan.
- Patients need to understand that periodontal prevention is a life-long commitment and that reinforcement of techniques to improve efficacy is vital at recall appointments.
- Both manual and power brushes are effective in reducing plaque and gingivitis.
- Re-chargeable power brushes are slightly more effective at reducing plaque levels and gingival inflammation than manual brushes, but there is insufficient evidence at this time to recommend one brush design over another. Recommendations should also take account of financial costs and also patient dexterity/needs.

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- Daily interproximal cleaning is essential for maintaining interproximal gingival health, but there is no evidence to support the use of dental floss for interdental cleaning in periodontitis patients. Interdental brushes are the most effective method and the method of choice where spaces will accommodate their atraumatic use. However, caution is advised in their use at healthy sites where interdental spaces may be too narrow to safely accommodate them. Here, there may be a role for dental floss.
- 2 minutes brushing twice daily may be effective for primary prevention of periodontitis in low-risk groups. High-risk patients and secondary prevention require much longer.
- Chemical anti-plaque agents employed adjunctively to mechanical plaque removal in a mouth rinse or added to a fluoridated dentifrice provide significant benefits in gingivitis management and preventing plaque accumulation. However, financial cost, environmental issues, side-effects, and the need for additional patient actions for mouth-rinse use should be borne in mind when making such recommendations.