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# GUIDELINES FOR EFFECTIVE SECONDARY PREVENTION OF PERIODONTITIS BY PROFESSIONAL MECHANICAL PLAQUE REMOVAL (PMPR)

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## GUIDANCE FOR DENTIST AND DENTAL HYGIENIST

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](http://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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## GUIDANCE FOR DENTIST AND DENTAL HYGIENIST

**SECONDARY PREVENTION OF PERIODONTITIS AIMS AT PREVENTING DISEASE RECURRENCE IN PATIENTS PREVIOUSLY TREATED FOR PERIODONTITIS. DISEASE RECURRENCE RELATES TO DISEASE PROGRESSION IN A PATIENT PREVIOUSLY TREATED SUCCESSFULLY FOR PERIODONTITIS. DISEASE PROGRESSION IS DEFINED AS THE CONTINUATION OF SIGNIFICANT ATTACHMENT AND/OR BONE LOSS, CLINICALLY DETECTABLE BY PROBING AND/OR RADIOGRAPHIC ASSESSMENT, EVENTUALLY LEADING TO TOOTH LOSS.**

The optimal endpoints of active periodontal therapy (APT) in the management of periodontitis are the reduction of signs of inflammation, as defined by full-mouth bleeding-on-probing scores ( $\leq 15\%$ ), the elimination of deep pockets ( $PD \geq 5$  mm) and the absence of signs of active infection as defined by the presence of suppuration. Whenever possible, these endpoints should be reached before the patient starts **supportive periodontal therapy (SPT)** in order to optimise secondary prevention of periodontitis.

**Professional mechanical plaque removal** in the context of secondary prevention of periodontitis (PMPR+) is the routine professional mechanical removal of supragingival plaque and calculus with subgingival debridement to the depth of the sulcus/pocket. This is part of SPT, which should also include the evaluation of oral-hygiene performance, motivation and reinstruction in oral-hygiene-practices and, when appropriate, smoking cessation, control of co-morbidities and promotion of healthy lifestyles. As part of this intervention, a periodontal examination must be conducted with the aim of early detection of deepening pockets ( $PD \geq 5$  mm), which should undergo active periodontal therapy.

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## RECOMMENDATIONS

- After effective active periodontal therapy (APT) patients should follow a specific supportive periodontal therapy (SPT) regimen, including PMPR+, based on 2–4 sessions per year. However, the frequency of SPT sessions should be tailored to a patient's risk.
- Since the level of compliance is unpredictable in the long term, specific measures should be adopted/implemented to improve the level of patient adherence to the maintenance regimen in order to enhance the effectiveness of the intervention.
- Patient motivation and instruction in oral-hygiene-practices should be combined with PMPR.