



BSP UK CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF PERIODONTAL DISEASES

ORAL HEALTH AND RISK ASSESSMENT, DIAGNOSIS & CARE PLAN

Diagnosis

Periodontal Health

Gingivitis

Periodontitis

Extract teeth with hopeless prognosis or unsavable teeth – eg grade III mobile

STEP 1

Building foundations for optimal treatment outcomes

- I: Explain disease, risk factors & treatment alternatives, risks & benefits including no treatment
- II: Explain importance of Oral Hygiene (OH), encourage and support behaviour change for OH improvement
- III: Reduce risk factors including removal of plaque retentive features, smoking cessation and diabetes control interventions
- IV: Provide individually tailored OH advice including interdental cleaning, + / - adjunctive efficacious toothpaste & mouthwash, + / - Professional Mechanical Plaque Removal (PMPR) including supra and subgingival scaling of the clinical crown
- V: Select recall period following published guidance and considering risk factors such as smoking and diabetes
- VI: Oral Health Educator (I, II), Hygienist, Therapist (I – IV), Dentist, Practitioner accredited for Level 2 and 3 care (I – V)

Re-evaluate

Non-engaging patient –
return to **STEP 1** & repeat

Engaging patient –
move to **STEP 2**

Consider referral

STEP 2 (see over)



Periodontitis (continued)

STEP 2

Subgingival Instrumentation (root surface debridement / PMPR on root)

- I: Reinforce OH, risk factor control, behaviour change
- II: Subgingival instrumentation, hand or powered (sonic / ultrasonic), either alone or in combination
- III: Use of adjunctive systemic antimicrobials determined by Practitioner accredited for Level 2 and 3 care

STEP 3

Unstable

Re-evaluate after 3 months

Stable

STEP 4

Managing non-responding sites:

- I: Reinforce OH, risk factor control, behaviour change
- II: Moderate (4–5mm) residual pockets – re-perform subgingival instrumentation
- III: Deep residual pocketing ($\geq 6\text{mm}$). Consider alternative causes
- IV: Consider referral for pocket management or regenerative surgery
- V: If referral not possible, re-perform subgingival instrumentation (If all sites stable after **STEP 3** proceed to **STEP 4**)

Maintenance

- I: Supportive periodontal care strongly encouraged
- II: Reinforce OH, risk factor control, behaviour change
- III: Regular targeted PMPR as required to limit tooth loss
- IV: Consider evidence based adjunctive efficacious toothpaste and / or mouthwash to control gingival inflammation

Maintenance recall (**STEP 4**) – individually tailored intervals from 3-12 months

BSP top tips

- I: Patients should be made aware that regular effective self-performed plaque removal offers the largest treatment benefit – engage the patient in a verbal contract to perform daily plaque control
- II: Toothbrushing should be supplemented by the use of interdental brushes (where anatomically possible)
- III: Individual patient’s abilities, needs, preferences and manual dexterity should be considered when selecting toothbrush & interdental brush
- IV: Refer to BSP website for further clarification and glossary of terms

- I: Favourable improvement in OH – indicated by $\geq 50\%$ improvement in plaque and marginal bleeding scores OR
- II: Plaque levels $\leq 20\%$ & bleeding levels $\leq 30\%$ OR
- III: Patient has met targets outlined in their personal self-care plan as determined by their healthcare practitioner

Defining **engaging & non-engaging** patients
(this is a guide)

- I: Insufficient improvement in OH – indicated by $< 50\%$ improvement in plaque and marginal bleeding scores OR
- II: Plaque levels $> 20\%$ & bleeding levels $> 30\%$ OR
- III: Patient states preference to a palliative approach to periodontal care