

Executive Summary: Simplified Basic Periodontal Examination (sBPE) for Under 18s

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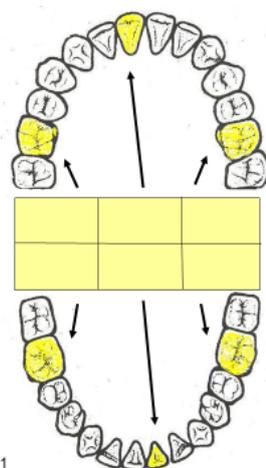
Dental practitioners have a key role to play in the early diagnosis of gingival and periodontal diseases in the young. This Executive Summary outlines the updated joint recommendations of the British Society of Periodontology and Implant Dentistry (BSP) and the British Society of Paediatric Dentistry on the use of the Simplified Basic Periodontal Examination (sBPE) for periodontal screening in children and adolescents under 18 years of age in clinical practice. It should most usefully be read alongside the updated full Guidelines for Periodontal Screening and Management of Children and Adolescents Under 18 years of Age¹, which take account of the 2017 World Workshop on Classification for Periodontal and Peri-implant diseases and Conditions² and its impact on the younger age groups.

The Simplified Basic Periodontal Examination is used for periodontal screening of children and adolescents under 18 years of age. To avoid the problem of false pockets, it assesses six index teeth: all four first permanent molars plus UR1, LL1 (Fig 1a). sBPE codes 0-2 are used in 7- to 11-year-olds while the full range of Codes 0, 1, 2, 3, 4 and * can be used in 12- to 17- year-olds (Fig 1b). It uses a WHO probe with a 0.5 mm ball end and black band at 3.5 to 5.5 mm.

The sBPE should be an integral part of the History and Examination of children/adolescents under 18 years (Fig 2a). Table 1 guides on when to use it/how to interpret it. The 2017 Classification included clear definitions of periodontal health and gingivitis for the first time and re-classified periodontitis, eliminating chronic/aggressive periodontitis as a diagnosis^{1,2}. BSP have published guidance on implementing the 2017 Classification into clinical practice³, including Staging and Grading periodontitis and how to form a diagnosis statement (Figs 2a, 2b). BSP has also produced a UK version of the European Federation of Periodontology's evidence-based treatment steps for periodontitis in 2020⁴. Cases of children or adolescents under the age of 18 who may warrant referral to Specialists are shown in Table 2¹.

Figure 1a Simplified BPE for the Under 18 years

- Simplified BPE (sBPE)
- Based on FDI recommendation in 1986 for a quick, dependable method of periodontal screening in practice
- Assess Index teeth (based on WHO partial recording for adolescents)
 - UR6, UR1, UL6
 - LR6, LL1, LL6
- Assess 6-points per tooth using WHO probe:
 - db, b, mb, dl, l, ml



FDI. A simplified periodontal examination for dental practices based on the Community Periodontal Index of Treatment Needs – CPITN. Paris: FDI, 1986

Ainamo J, Nordblad A, Kallio P. Use of the CPITN in populations under 20 years of age. Int Dent J 1984; 34: 285-91

Figure 1b Simplified BPE Codes

Code	Simplified BPE (sBPE)
0	Healthy
1	Bleeding after gentle probing. Black band fully visible
2	Calculus or plaque retention factor. Black band fully visible
3	Shallow pocket 4 mm or 5 mm. Black band partly visible
4	Deep pocket 6 mm or more. Black band disappears
*	Furcation

7-11 years	Mixed dentition. Use sBPE codes 0, 1, 2 on Index teeth
12-17 years	Permanent dentition. Use sBPE codes 0, 1, 2, 3, 4, * on Index teeth

Table 1 Summary Guidance on Interpretation

sBPE Code	Summary Guidance on Interpretation of the Simplified BPE Codes
0	No periodontal treatment Screen again at routine recall or within 1 year, whichever sooner
1	Oral hygiene instruction (OHI) Screen again at routine recall or within 6 months, whichever sooner
2	OHI as for Code 1. Supragingival/subgingival professional mechanical plaque removal (PMPR). Remove/manage plaque retention factors Screen again at routine recall or within 6 months, whichever sooner
3	OHI as for Codes 1 and 2. Supragingival/subgingival PMPR, with particular emphasis on subgingival PMPR in shallow 4 mm – 5 mm pockets. Remove/manage plaque retention factors After 3 months, do a full periodontal assessment, including 6-point probing pocket depth (PPD) chart, in affected sextants
4 or *	Unusual in young patients. Do a full periodontal assessment, including 6-point PPD chart, throughout the entire dentition Consider referral to a Specialist, while do initial therapy, as Code 3

Table 2 When to Refer to Specialist Services

GDP: Consider Specialist Referral in Younger Ages
Stage II, III periodontitis not responding to treatment
Grade C or Stage IV periodontitis
Medical history that significantly affects periodontal treatment or requiring multi-disciplinary care
Periodontitis as a direct manifestation of systemic disease
Systemic/genetic diseases that can affect periodontal supporting tissues
Root morphology/furcation defects adversely affecting prognosis on key teeth
Non-plaque-induced conditions requiring complex or specialist care
Cases requiring diagnosis/management of rare/complex clinical pathology
Drug-induced gingival overgrowth needing surgery
Cases requiring evaluation for periodontal surgery

References: ¹Clerehugh V, Kindelan S. Updated Guidelines for Periodontal Screening and Management of Children and Adolescents under 18 years of age. Available at: www.bsperio.org.uk/publications. Accessed 2021. ²Caton JG, Armitage G, Berglundh T et al. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification. J Clin Periodontol 2018; 45 (Suppl 20): S1-S8

Figure 2a BSP Guidance on Implementing the 2017 Classification (Figure by Courtesy of BSP)

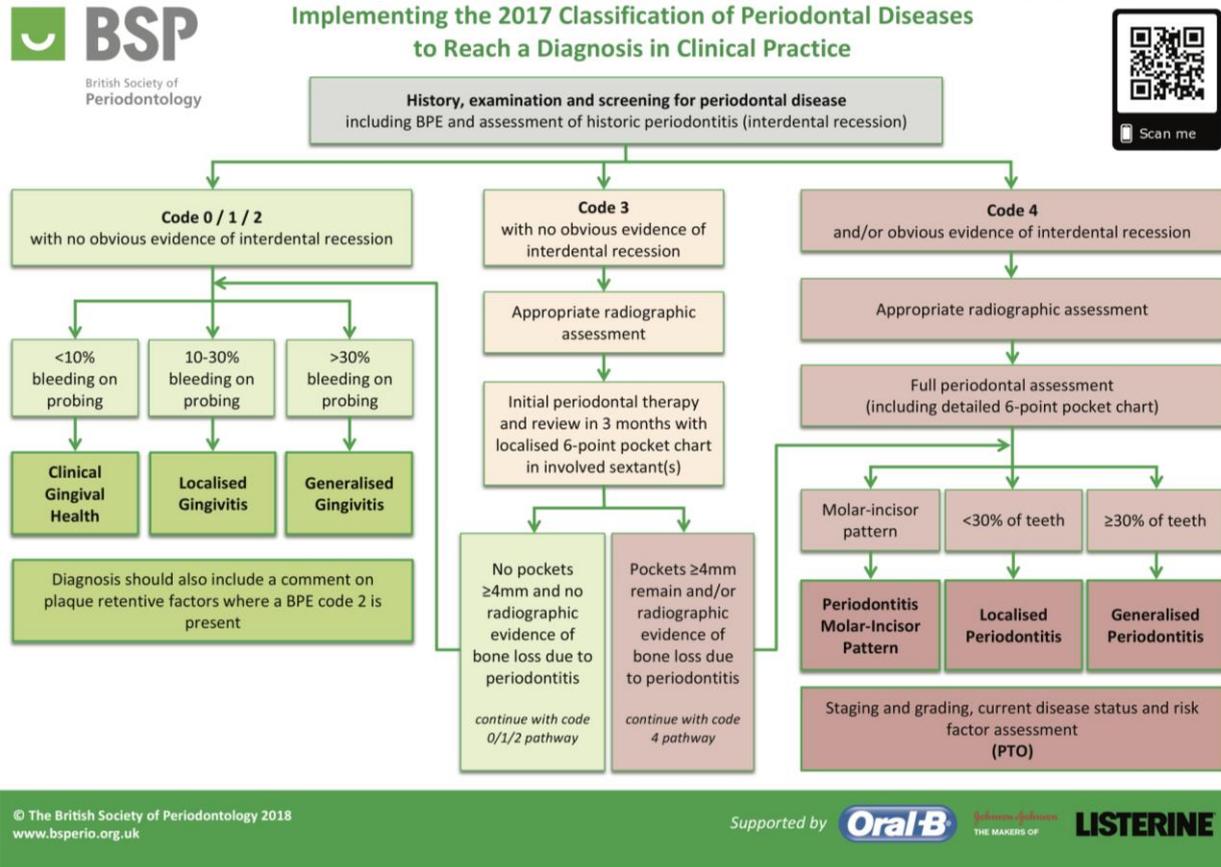
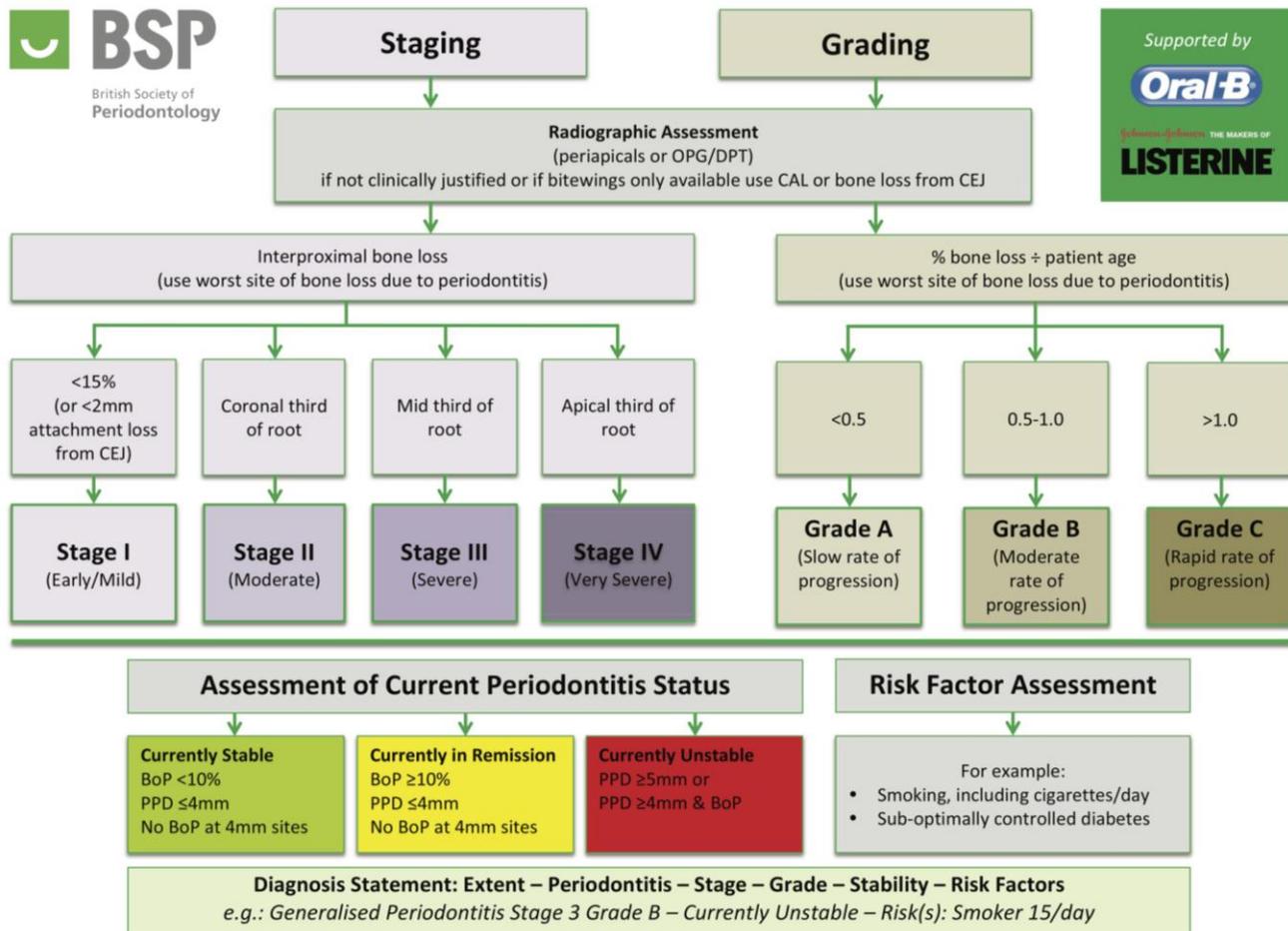


Figure 2b Staging and Grading Periodontitis and Diagnosis Statement (Figure by Courtesy of BSP)



References: ³Dietrich T, Ower, P, Tank M et al. Periodontal diagnosis in the context of the 2017 classification system of periodontal diseases and conditions – implementation in clinical practice. Br Dent J 2019; 226:16-22. ⁴West N, Chapple I, Claydon N et al: on behalf of the British Society of Periodontology and Implant Dentistry Guideline Group Participants. BSP implementation of European S3-level evidence-based treatment guidelines for stage I-III periodontitis in UK clinical practice. J Dent, <https://doi.org/10.1016/j.jdent.2020.103562> Notes: CAL, clinical attachment loss; BOP, bleeding on probing; PPD, probing pocket depth

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