
GUIDELINES FOR EFFECTIVE PREVENTION OF PERIODONTAL DISEASES

GENERAL GUIDANCE: DISEASES

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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GENERAL GUIDANCE

THE GLOBAL PREVALENCE OF PERIODONTITIS IN ADULTS REMAINS HIGH AND PERI-IMPLANT DISEASES REPRESENT AN EMERGING HEALTHCARE BURDEN. THERE IS THEREFORE A NEED TO REFOCUS ORAL-HEALTH PRIORITIES UPON PRIMARY PREVENTION OF PERIODONTITIS BY MANAGING GINGIVITIS (AND PERI-IMPLANT MUCOSITIS), AND UPON SECONDARY PREVENTION AIMED AT PREVENTING DISEASE RECURRENCE IN PREVIOUSLY TREATED PERIODONTITIS PATIENTS.

- Mechanical plaque control should be the focus of preventive periodontal therapy, but should be personalised to individual patient circumstances. Therefore, necessary prerequisites include: diagnosis; risk assessment (subject & site level); patient education; motivation and behaviour-change guidance; reinforcement of advice and remotivation.
- Professional guidance in oral hygiene is vital and is effective in reducing plaque levels and gingival inflammation. Clinicians should devote sufficient time to this key stage of the prevention regime and discourage patient self-medication with oral-healthcare-products in the absence of a diagnosis and professional guidance.
- Conscientious manual toothbrushing reduces gingivitis, but the ideal brush head design remains unknown. Generally, small-headed brushes with medium end-rounded bristles are advised.
- Rechargeable power brushes are more effective at reducing plaque scores and gingival inflammation than their manual counterparts, but there is insufficient evidence at this time to support one brush design over another.
- Daily interproximal cleaning is essential for maintaining interproximal gingival health.
- There is insufficient evidence to recommend the use of dental floss for interdental cleaning. The role of dental floss in daily interproximal cleaning should be limited to situations where the use of interdental brushes is inappropriate, e.g. healthy sites with narrow interdental spaces.

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- Where spaces will accommodate interdental brushes without trauma, they are the current method of choice and provide higher levels of plaque reduction. However, 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.
- As an adjunct to mechanical plaque removal, mouth rinses offer significant benefit in the management of gingivitis as do certain chemical agents in dentifrices. The use of mouth rinse requires additional patient adherence, has cost and environmental implications and should thus be considered on a case-by-case basis.