

Team Concept

- **Team of shared responsibility**
 - Doctor - DH – Periodontist
- **Hygienist**
 - Preventative specialist who establishes the relationship with the Periodontist

AMERICAN ACADEMY OF PERIODONTOLOGY



**GUIDELINES FOR THE
MANAGEMENT OF PATIENTS
WITH PERIODONTAL DISEASE**

Guideline Basics

- **September 2006**
- **Aids in identifying periodontal patients**
- **Includes risk assessments**
- **Clarification when to involve periodontist**
- **Helps dentists develop protocols for management of periodontal patients**

-Kenneth A. Krebs, DMD

-Donald S. Clem III, DDS

RDH & Guidelines

- Established to facilitate teamwork among dental professionals: hygienists, dentists, periodontists
- Not TREATMENT guidelines but MANAGEMENT guidelines
- Identifies patients that may need Periodontist
- Incorporates risk assessments
- Delayed referrals reduced
- Suggests therapy choices
- Long term co-management for chronic disease
- Appropriate for most but not all patients
- www.perio.org/resources-products/posppr3-1.html#2

MS

-Michael P. Rethman, DDS, MS

Divisions of Periodontal Patients

- **Level 3**
 - Should be treated by a periodontist
- **Level 2**
 - Would likely benefit from comanagement by the referring dentist and periodontist
- **Level 1**
 - May benefit from comanagement by the referring dentist and periodontist

Level 3

Strong considerations for referral

- Severe perio, furcations
- Vertical defects
- Aggressive perio
- Perio abscess
- Severe recession
- Peri-implant disease



AAP Guidelines

Periodontal Referral

Furcation Involvement

Vertical/Angular Bony Defect

Agressive Periodontitis

Periodontal Abscess
Other acute periodontal condition

Significant Root Surface Exposure

Peri-implant disease

Severe Chronic Periodontitis

Level 2

Deteriorating risk profiles suggest patient would benefit by co-management with periodontist

- Periodontal conditions under 35 years old



Level 2

- Unresolved inflammation
- Pocket depths 5 mm



Level 2

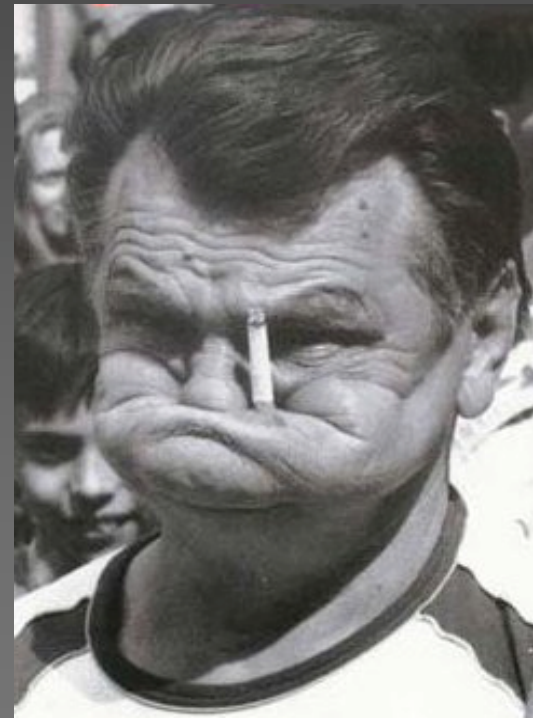
- Vertical bone defects
- Radiographic evidence of progressive bone loss
- Progressive tooth mobility
- Progressive attachment loss
- Anatomical gingival deformities
- Exposed root surfaces



Level 2

Deteriorating risk profile

- Smoking
- Tobacco use



Combination of 2 or more risk factors increases difficulty in management of periodontitis

Smoking

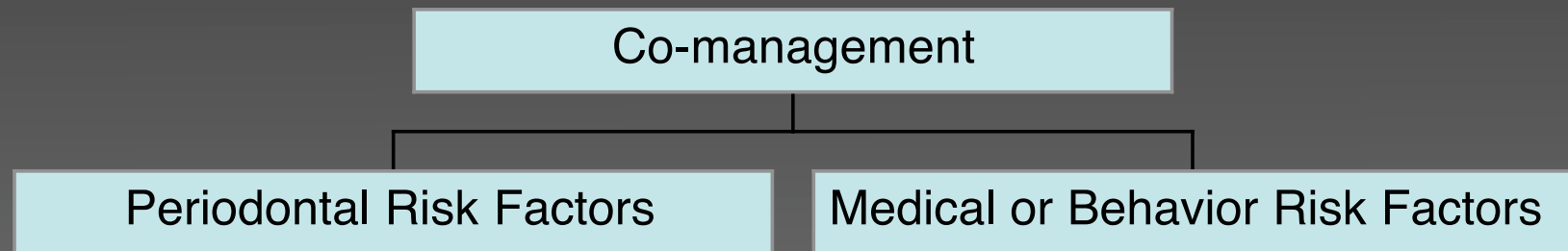
- Periodontal disease increases in older people 47% and 60% for younger people.
- Adult smokers are approximately three times as likely as non-smokers to have periodontitis.
- Quitting smoking is a part of periodontal therapy.
- *Journal of Evidence-based Dental Practice, December 2003; Journal of Periodontology, February 2004*

Level 2 Risk factors

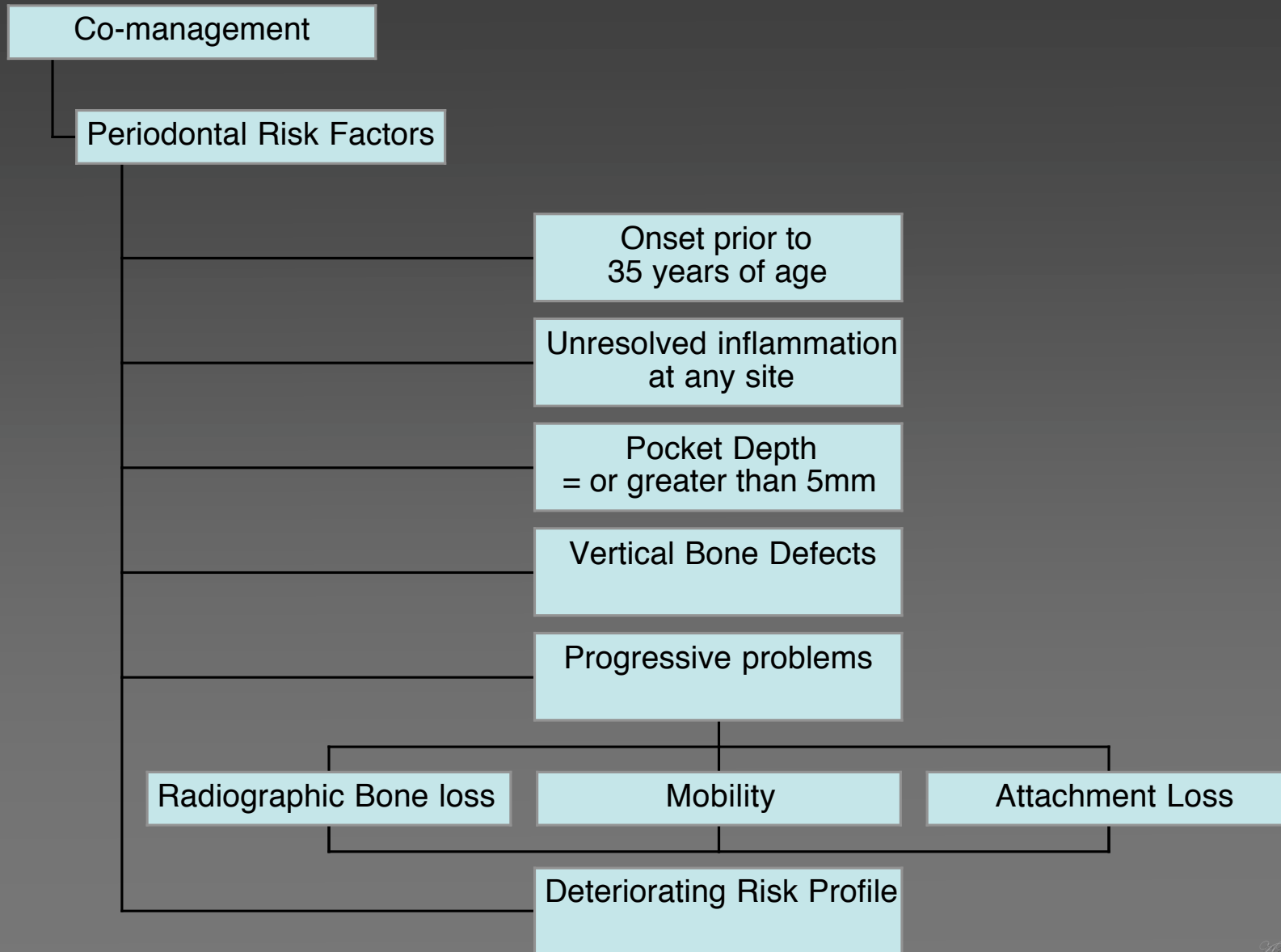
- Diabetes
- Osteoporosis/
osteopenia
- Drug-induced
gingival conditions
- Compromised
immune system



Likely benefit from co-management



Likely benefit from co-management



Likely benefit from co-management

