Periodontal Patient Management

Area Dental Meeting Day 3

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Presentation Purposes

• Show steps in the diagnosis of disease

• Reiterate sequence of care in patients with periodontal disease

• Help you prevent tort cases
Step 1

• As part of a comprehensive dental examination (0150), or as part of a periodic evaluation (0120), the dentist should conduct a hard tissue examination, a soft tissue evaluation, a TMJ evaluation, an orthodontic evaluation for children in the mixed and early permanent dentition phase, a prevention assessment, a review of the patient’s medical history, a review of pertinent radiographs, and for patients over the age of 15…..

• A periodontal screening (Periodontal Screening & Recording or PSR/Community Periodontal Index of Treatment or CPIT)
PSR/CPITN Codes

- **CODE 0**: Colored band completely visible
- **CODE 1**: Colored band completely visible
- **CODE 2**: Colored band completely visible
- **CODE 3**: Colored band only partly visible
- **CODE 4**: Colored band not visible
What a PSR/CPIT is and isn’t

• It **IS:**
  • Only a screening tool
  • A tool that can have false positives (pseudopockets, improper technique, etc.)

• It is **NOT:**
  • A definitive diagnostic tool
  • A tool that takes the place of a full periodontal evaluation
PSRs of 3’s and 4’s

- Two PSR sextant scores of 3 or a single 4 indicates the need for an additional evaluation
  - If you don’t have resources (time) for a full-mouth probing with two 3’s, you can spot probe and record them on the exam form
  - Sometimes it is necessary to perform a gross debridement (4355) prior to doing the PSR; if this is the case, indicate in the clinical notes
  - A dentist or dental hygienist can perform the PSR – sometimes dentists may not spend as much time as hygienists on PSRs, resulting in some discrepancies
Conducting a Perio Evaluation

- If you conduct a full periodontal evaluation, it should consist of:
  - (1) probing depths (6 locations on each tooth)
  - (2) recession index
  - (3) mobility
  - (4) furcation involvement
  - (5) gingival inflammation
  - (6) plaque and calculus
  - (7) occlusion
  - (8) bleeding on probing
Radiographs

- It is recommended that vertical bitewings and a panoramic film be taken on patients with periodontal disease if possible.
Tips on probing

• **Slant the probe** slightly so that the tip reaches under the contact area.

• In this position, **gently press downward** to touch the soft tissue base.
Periodontal Diagnosis

• Don’t get hung up on the nomenclature
• Most recent classification follows
Gingivitis

- Associated with plaque only
- Puberty-associated
- Menstrual cycle-associated
- Pregnancy-associated
- Drug-influenced (oral contraceptives)
- Ascorbic acid-deficiency
- Neisseria gonorrhea-associated
- Treponema pallidum-associated
- Herpetic gingivostomatitis

- Gingival candidosis
- Histoplasmosis
- Hereditary gingival fibromatosis
- Systemic condition influenced (lupus, etc.)
- Allergic reaction-influenced (mercury, nickel, etc.)
- Traumatic lesion-influenced
- Foreign body reaction
- Etc.
Chronic Periodontitis

- Localized (< 30% of sites are involved)
  - Chronic localized slight periodontitis
  - Chronic localized moderate periodontitis
  - Chronic localized severe periodontitis
- Generalized (> 30% of sites are involved)
  - Chronic generalized slight periodontitis
  - Chronic generalized moderate periodontitis
  - Chronic generalized severe periodontitis
Aggressive Periodontitis

- Localized (< 30% of sites are involved)
  - Aggressive localized slight periodontitis
  - Aggressive localized moderate periodontitis
  - Aggressive localized severe periodontitis

- Generalized (> 30% of sites are involved)
  - Aggressive generalized slight periodontitis
  - Aggressive generalized moderate periodontitis
  - Aggressive generalized severe periodontitis
As a Manifestation of Systemic Disease

- Associated with hematological disorders
  - Acquired neutropenia
  - Leukemias
  - Other
- B. Associated with genetic disorders
  - Familial and cyclic neutropenia
  - Down syndrome
  - Leukocyte adhesion deficiency syndromes
- Papillon-Lefèvre syndrome
- Chediak-Higashi syndrome
- Histiocytosis syndromes
- Glycogen storage disease
- Infantile genetic agranulocytosis
- Cohen syndrome
- Ehlers-Danlos syndrome (Types IV and VIII)
- Hypophosphatasia
Necrotizing Periodontal Disease

- Necrotizing ulcerative gingivitis (NUG)
  - Localized necrotizing ulcerative gingivitis
  - Generalized necrotizing ulcerative gingivitis
- Necrotizing ulcerative periodontitis (NUP)
  - Localized necrotizing ulcerative periodontitis
  - Generalized necrotizing ulcerative periodontitis
Periodontal Flow Sheet

For children ages 12-17
Probe index teeth and assess future risk. Pseudo pockets due to eruption or orthodontics are not a risk factor. You are looking for calculus, early onset bone loss, and any unexplained bleeding. By identifying children at high risk for future periodontal disease, we can intervene early to prevent future disease.

<table>
<thead>
<tr>
<th>CPI = 0</th>
<th>No Treatment</th>
<th>Recall 1-2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPI = 1</td>
<td>OHI Tobacco Cessation</td>
<td>Annual Recall: Unless assessed at high risk for future periоdontal disease</td>
</tr>
<tr>
<td>CPI = 2</td>
<td>Scaling, OHI Tobacco Cessation</td>
<td>Annual Recall: Unless assessed at high risk for future periоdontal disease</td>
</tr>
<tr>
<td>CPI = 3</td>
<td>Scaling, OHI Tobacco Cessation</td>
<td>Complete Perio Charting of multiple sextants of CPI 3 Treatment Plan Debridement/Root Planing (as needed) Discuss Treatment &amp; Recall Intervals with Patient</td>
</tr>
<tr>
<td>CPI = 4</td>
<td>Scaling, OHI Tobacco Cessation</td>
<td>Complete Perio Charting Treatment Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-6 Month Recall Assess Response to Treatment Reassess Treatment Plan Reassess Recall Interval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Month Recall Assess Response to Treatment</td>
</tr>
</tbody>
</table>
Area Periodontal Protocol

• Created in 2009 to help standardize the Area

• Based on the American Academy of Periodontology Parameters of Care and reviewed by the IHS Periodontal Consultant
After PSR of 3 or 4

- Gross debridement if needed
- OHI (1310, 1320, 1330)
- Develop periodontal treatment plan, include in signed treatment planning process (or add to it)
- Scale and root plane with or without anesthesia as needed (4341, 4342)
- Address local irritants – overhangs, caries, poor fitting crowns, etc.
Oral Hygiene Instructions

• Consider written instructions
When performing SRP

- Check for calculus in a defined area (i.e. upper right premolars and molars; lower anterior teeth).
- Remove calculus with the ultrasonic, and “flush” around all surfaces of the teeth in the area.
- Check for any remaining calculus before moving to the next area.
Re-evaluation

• 6-8 weeks after the last SRP appointment
• Re-probe, put on periodontal exam you started
• Code 4910
• Of course you will have already done some reevaluation while performing SRP
Perio “stable”

- No bleeding on probing, no pocket depths > 5-6 mm
- Re-evaluation plaque control and ability to self-maintain
- Place on recall of 3-6 months
- If patient remains stable, patient will become part of preventive recall schedule
Still active disease

- Re-evaluate modifying factors (smoking, oral hygiene, etc.)
- Reinforce education
- Re-scale areas with calculus
Best scenario – good plaque control

- Consider use of local antibiotics (4381) to address pockets >5-6 mm and/or periodontal surgery (APF with osseous recontouring)
Systemic Antibiotics

- **Amoxicillin** - 500mg tid X 10 days
- **Doxycycline- diabetics** - 100mg bid X 14 or 21 days
- **Metronidazole** - 500mg tid X 8 days
- **Clindamycin- refractory disease** - 300mg tid X 8 days
- **Azithromycin-severe chronic perio** - 500mg a day for 5 days.
- **Amox and Met-aggressive perio (LJP)** - 250mg each, 3X/day X 8 days in those aged < 60
- **Ciprofloxacin and Met- severe perio** - 500mg each, 2X/day for 8 days in those aged ≥ 60
Bad scenario – poor plaque control

- Do not waste local antimicrobials on this type of patient
- Re-scale, reinforce OHI
- Must get good plaque control before doing hero dentistry
Worst scenario - refractory

• Significant liability issue if you don’t address this

• Refer to a periodontist, regardless of CHS/PRC
Recalls

- Once perio, not always perio (at least with coding)
- Recall frequency of 2-6 months (4910 or 1110)
Perio Treatment Planning and Patient Management Considering Risk Factors

Match the intensity of periodontal treatment to risk. Those at high risk:

• Aggressive monitoring
• Aggressive bacterial control- topical, local and systemic antibiotics
• Address modifying factors (OH, smoking, DM, xerostomia)
• Consider host modifying drugs (e.g. LDD, antioxidants, or anti-inflammatories)
Thanks!

Questions?