Periodontal disease encompasses a wide range of conditions which affect the supporting structures of the teeth. The term “periodontal disease” refers to chronic periodontitis among other conditions.

When presented with a patient with periodontal disease, a risk assessment would be beneficial in order to ascertain the patient’s susceptibility and risk of disease progression. A risk assessment is beneficial for our patients so that appropriate and individualised management and treatment plans can be devised. The benefits of such an approach are multiple. A risk factor is defined as a factor that increases the probability of developing the disease. Smoking is an example of a risk factor for periodontal disease. Numerous studies have shown smokers are more likely to develop periodontal disease. Numerous risk factors for periodontal disease have been useful to predict future disease activity. Hence, their presence does not indicate cause in all cases.

The ecological plaque hypothesis has therefore been considered. This is somewhat in between the two previous hypotheses. It is thought that the presence of certain bacteria is more likely to cause disease in a susceptible host. However, removal of the entire plaque mass and aiming to address modifiable factors such as smoking and poor oral hygiene would result in much more predictable outcomes. In view of this, the main mode of treatment for periodontal disease is aimed at removing the entire mass of plaque. The treatment regime therefore adopts the non specific plaque hypothesis. These limitations therefore explain why the treatment regimes in periodontology have remained unchanged for so many years. What can be questioned is that despite knowing this mode of treatment for so long, why do clinicians still get limited success when treating periodontal disease?

It may be because the success of treatment relies on many factors, some which are influenced by the clinician and the patient and others which are not. One of the most important factors is oral hygiene, and the motivation of the patients to achieve and maintain optimal oral hygiene.

When presented with a patient who has established chronic periodontitis, it is important to include patient education and supragingival and subgingival plaque debridement as part of the initial management plan. Evidence has shown that in the presence of plaque, the outcome of any treatment (surgical or non-surgical) will be very poor. It must therefore be stressed to the patient that their role in maintaining an optimal level of oral hygiene is very important.

‘Plaque is considered to be an important aetiological factor in the development and progression of periodontal disease in a susceptible host’

Educating and motivating patients is a very important stage in periodontal treatment plan. Patients would normally present with complaints such as bleeding gums, mobile teeth, periodontal abscesses or sensitive teeth. However a simple “brush your teeth”, or “use an electric toothbrush” advice may not suffice. Following a thorough examination and periodontal assessment, a more detailed and individualised approach in oral hygiene instruction would perhaps yield better results. Such an approach would need time, patience and regular reinforcement from the clinician. A suggested approach may be to approach it using these steps.
role in achieving optimal sub- 

pragingival plaque control and how this would positively influence the outcome of the treatment.

2. Visual Aids

There is no better method of education than visual aids and actually showing the patient the main areas of plaque accumula- 

tion in their mouth may have a greater impact, rather than simply saying where the plaque is. In addition, a quantitative method of 

measuring plaque would help set and achieve targets for pa- 

tients. This can be done using 2 stages.

a. The first stage would be to use disclosing solution so that the areas of plaque accumulation can be shown to the patient (using either a mirror or a photo-

tograph). This will act as a visual guide for the patient.

b. The second stage would be to record these areas of accumu-

lation on a plaque chart and calculate the plaque score as a percentage.

It is very useful to record the plaque score as a percentage and therefore provide the patient with a quantitative method of measuring plaque. A measurea-

ble method is very useful to set achievable targets for the patient to reduce their plaque score. Thus the patients are actively in- 

volved in their own manage-

ment, keeping them interested and motivated. Patients also feel that they have a degree of control over the treatment outcomes. If the plaque score is then measured at the subsequent visit, it is possible to inform the patient about their progress in a measurable and numerical form, which they will understand better.

3. Oral Hygiene

Demonstration

The next stage would be to show and physically demon-

strate to the patient, the best methods to achieve plaque con- 

rol in the areas where there are visible deposits. This would in- 

volve demonstrating effective methods of toothbrushing (such as the modified Bass method) and interdental aids such as flossing, tepe brushes or bottle brushes.

The clinician should also en- 

sure that the patient is actually using these aids correctly by ask- 

ing them to physically use them while in the dental chair. Any er-

rors can thus be corrected imme-

diately.

4. Written Instructions

While good education and in- 

structions in oral hygiene and plaque scoring, actively engages the patients whilst they are in the dental chair, they may not imme-

diately absorb all the informa-

tion. Providing them with a written summary of the main points discussed and the targets set for the next visit would actively en-

gage them and also perhaps mo-

tivate them to continue to focus on oral hygiene improvements.

The plaque scores and other set targets can then be reviewed at subsequent visits. This method of oral hygiene im-

provement can be used by the periodontist, the dentist or the 

hygienist. Its simplicity makes it versatile and allows the patient to get the benefit of a team based approach. It also provides a way in which to assess the patient motivation, prior to embarking on a more time and expense consuming course of complex periodontal treatment. There is no doubt that such a process is time consuming and the con-

straints within the surgery may have a make is difficult to achieve.

However the benefits are nu-

meros and the process can be followed over multiple visits if need be.

In motivated patients, such an approach would help to improve their plaque control and hence provide more predictable treat-

ment outcomes. However, the clinician must remember that periodontal disease is complex, and various other risk factors and susceptibility factors can influ-

ence the outcome. Host suscepti-

bility, genetic factors and sys-

temic factors are examples of these. Therefore while plaque control is the definite mainstay, it is not the only factor.

‘It is very useful to record the plaque score as a percentage and therefore provide the patient with a quantitative method of measuring plaque’

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