

Greater Manchester Local Dental Network

Healthy gums DO matter!

Periodontal Management In Primary Dental Care
Greater Manchester Local Dental Network

Quick
Reference
Guide

Introduction

The quick reference guide has been designed to accompany the Healthy Gums DO Matter Toolkit. It includes all the relevant clinical information and tools a clinician would need quick access to, having read the Toolkit.

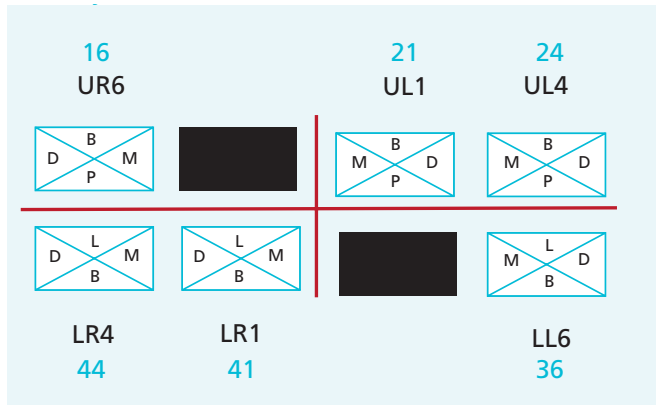
It has been designed to facilitate photocopying of the various documents, such as the patient agreement, consent form and pocket charts. The laminate finish has been designed to keep in the dental surgery as a quick reference booklet.

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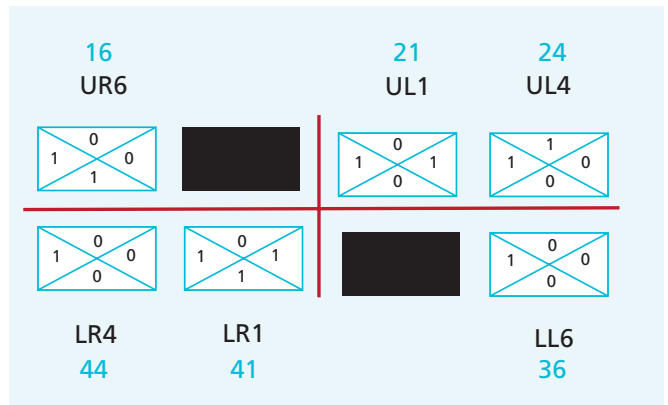
Modified Bleeding Score

Ramfjord's Teeth



Code	Description
0	Absence of bleeding on probing
1	Presence of bleeding on probing (marginal bleeding)

An Example of a Modified Bleeding Score



Total Score = 11

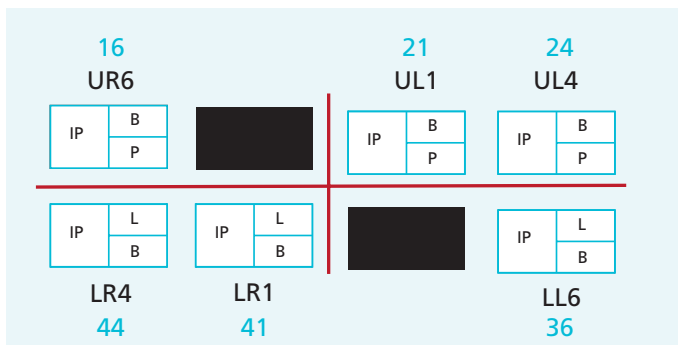
Bleeding Score:

$$\frac{11}{24} \times 100 = 45.83 = 46\%$$

Modified Bleeding Score = 46%

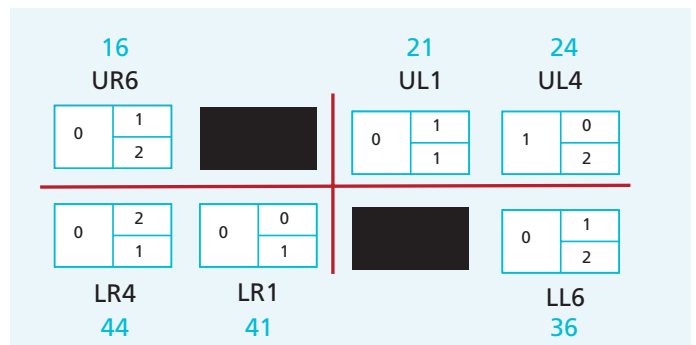
Modified Plaque Score

Ramfjord's Teeth



Code	Description
0	No plaque visible, even when a probe is used
1	Some plaque visible only when a probe was used to skim the tooth surface
2	Visible amount of plaque which can be seen without use of a probe
N	No measurement could be made for this surface/tooth

An Example of a Modified Plaque Score



Total Score = 15

Plaque Score:

$$\frac{15}{36} \times 100 = 41.66 = 42\%$$

Modified Plaque Score = 42%

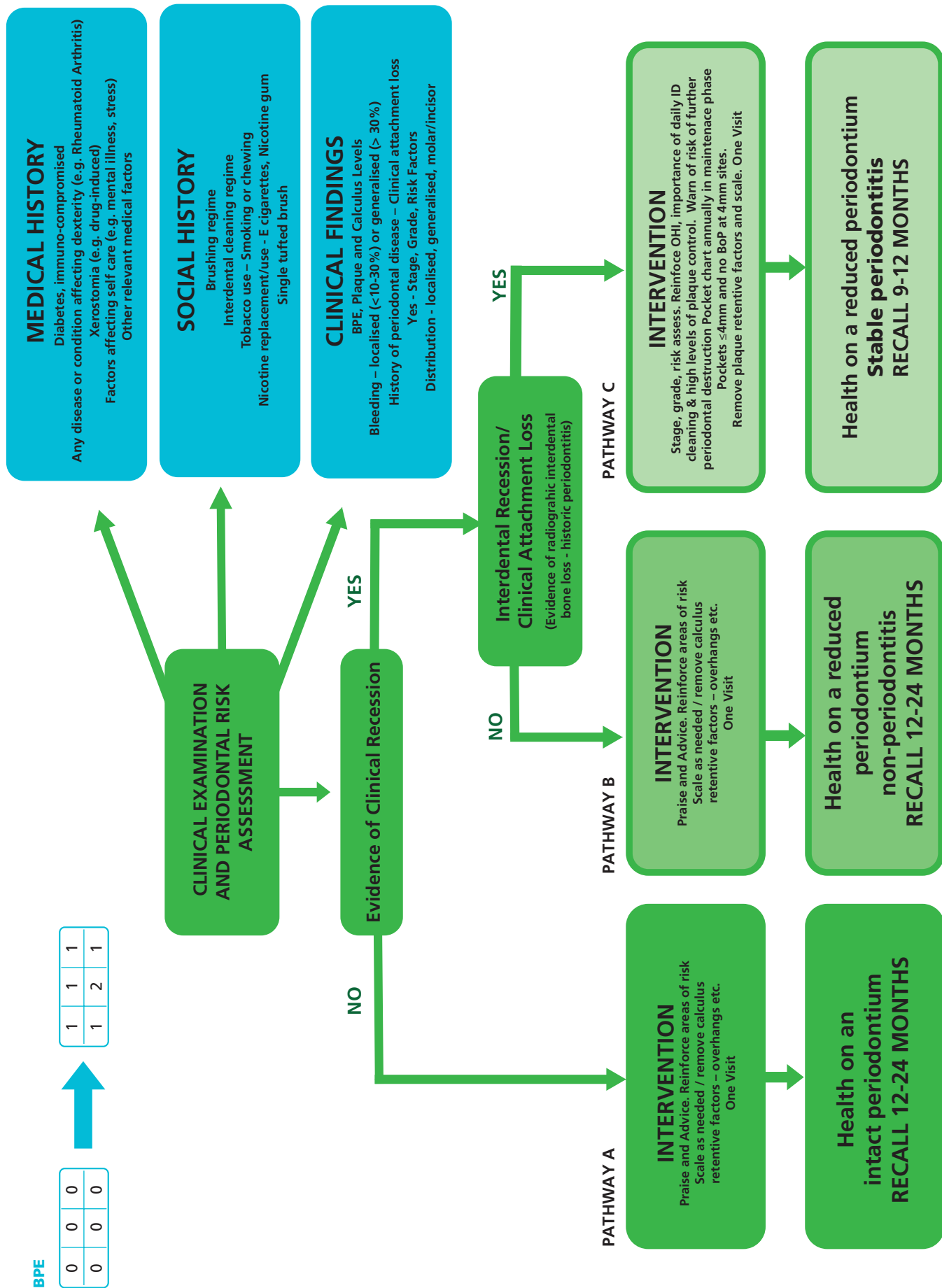
Modified Plaque Score Table

Total Score	Plaque Score	Total Score	Plaque Score
1	3%	19	53%
2	5%	20	56%
3	8%	21	58%
4	11%	22	61%
5	14%	23	64%
6	17%	24	67%
7	19%	25	69%
8	22%	26	72%
9	25%	27	75%
10	28%	28	78%
11	30%	29	81%
12	33%	30	83%
13	36%	31	86%
14	39%	32	89%
15	42%	33	92%
16	44%	34	94%
17	47%	35	97%
18	50%	36	100%

Modified Bleeding Score Table

Total Score	Bleeding Score	Total Score	Bleeding Score
1	4%	13	54%
2	8%	14	58%
3	13%	15	63%
4	17%	16	67%
5	21%	17	71%
6	25%	18	75%
7	29%	19	79%
8	33%	20	83%
9	38%	21	88%
10	42%	22	92%
11	46%	23	96%
12	50%	24	100%

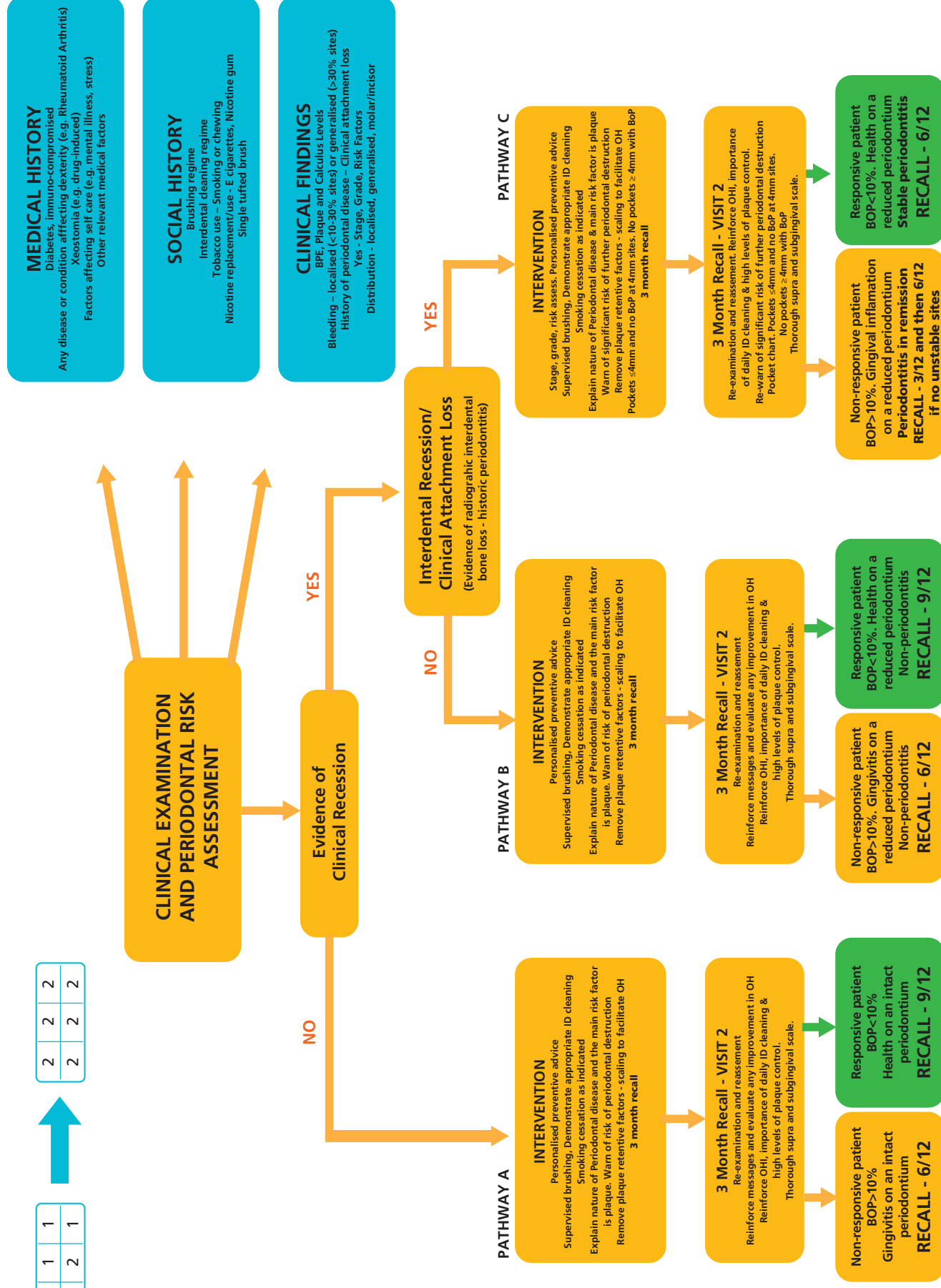
Periodontal Health Pathway

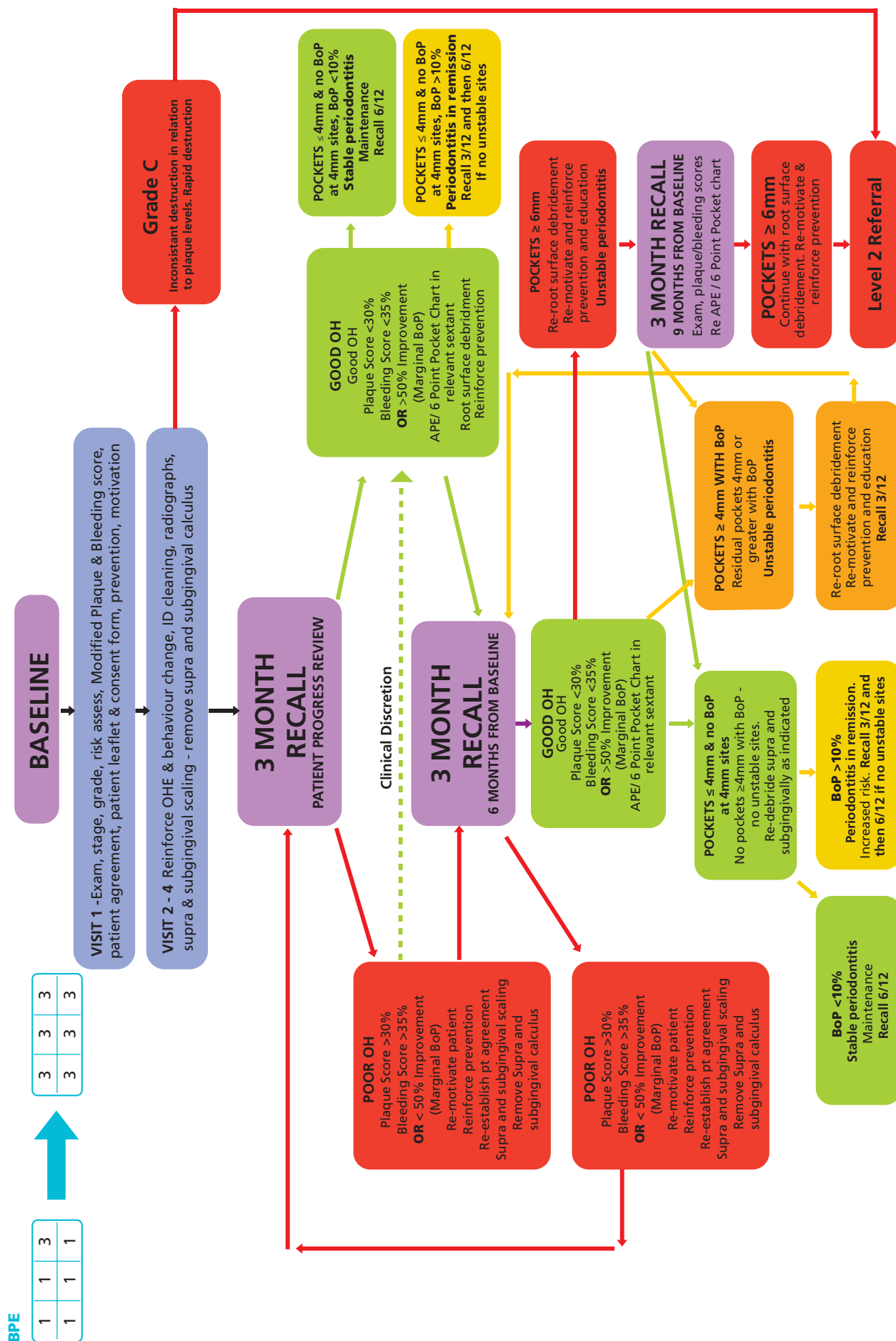


Periodontal Risk Pathway

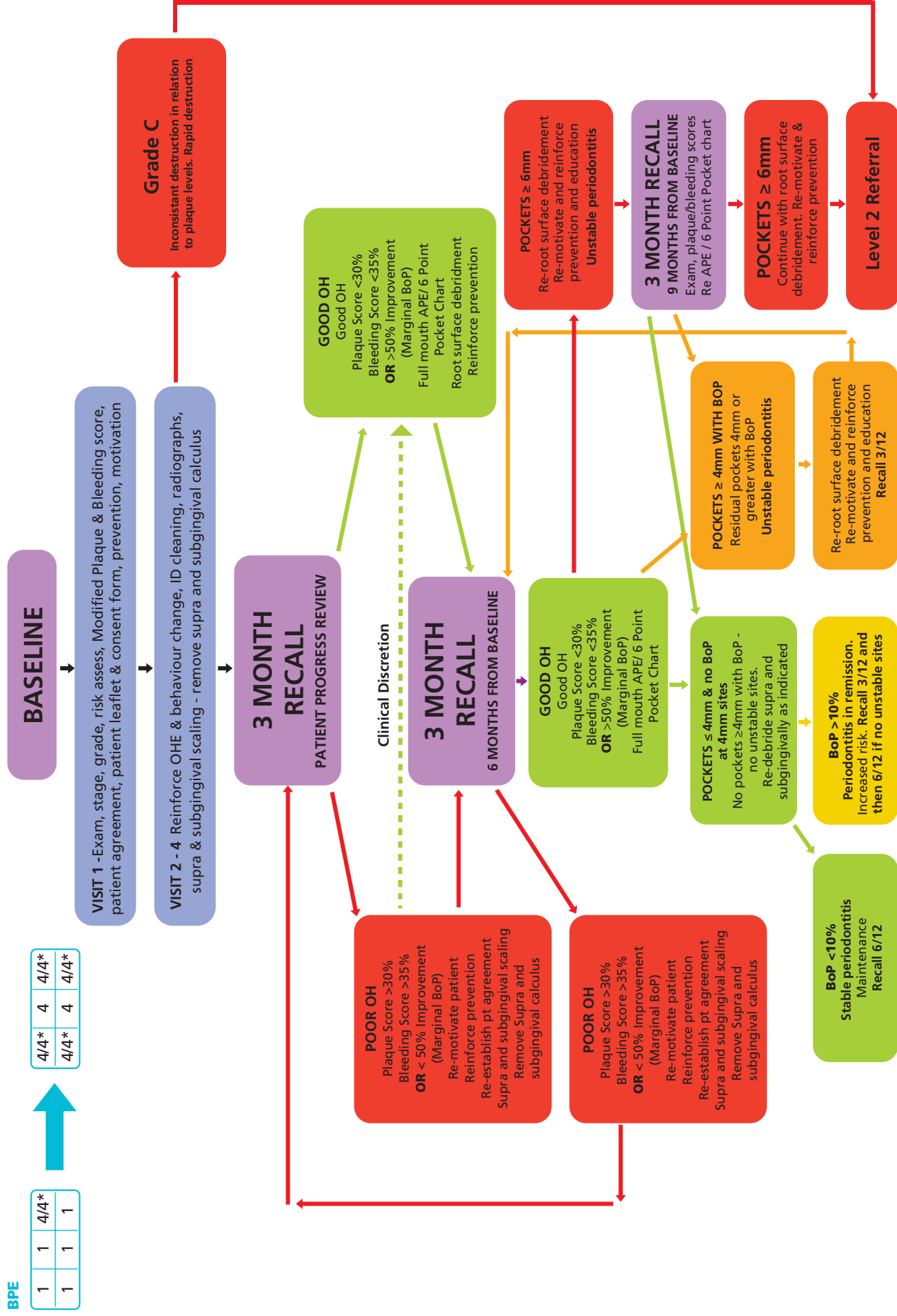
BPE

1	1	1	2	2	2
1	2	1	2	2	2





Advanced Periodontal Disease Pathway



Baseline - First Examination & Assessment

VISIT 1

Examination, and risk assessment
Modified Plaque & Bleeding Scores
Patient agreement & patient leaflet & consent form
Oral health education and behaviour change
Prevention and motivation

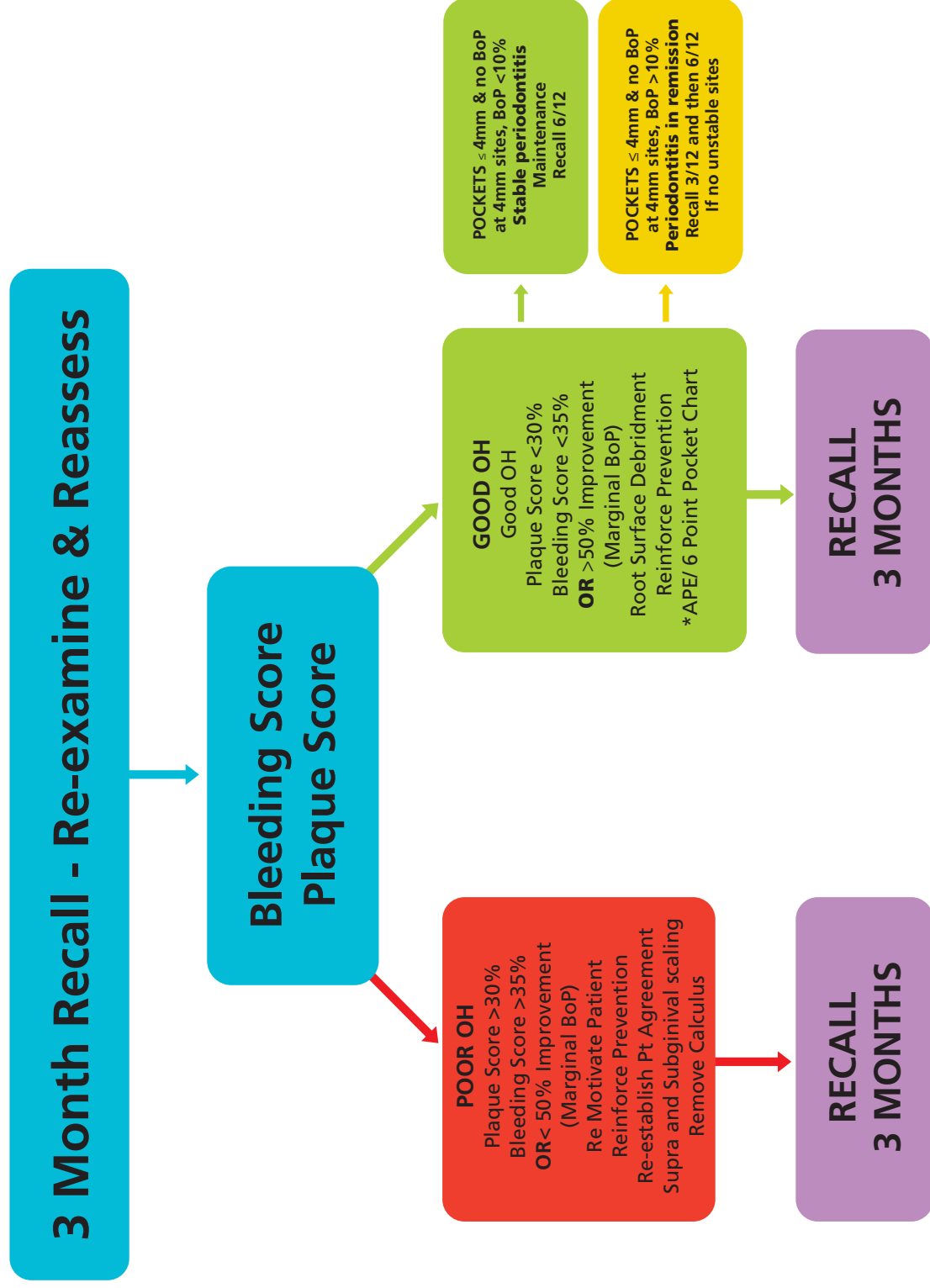
VISIT 2-4

Radiographs and report - stage and grade
Diagnosis & finalise treatment plan
Supra and Subgingival scaling to remove supra
& subgingival calculus to facilitate oral hygiene
Reinforce OHE, behaviour change and motivation

**RECALL
3 MONTHS**

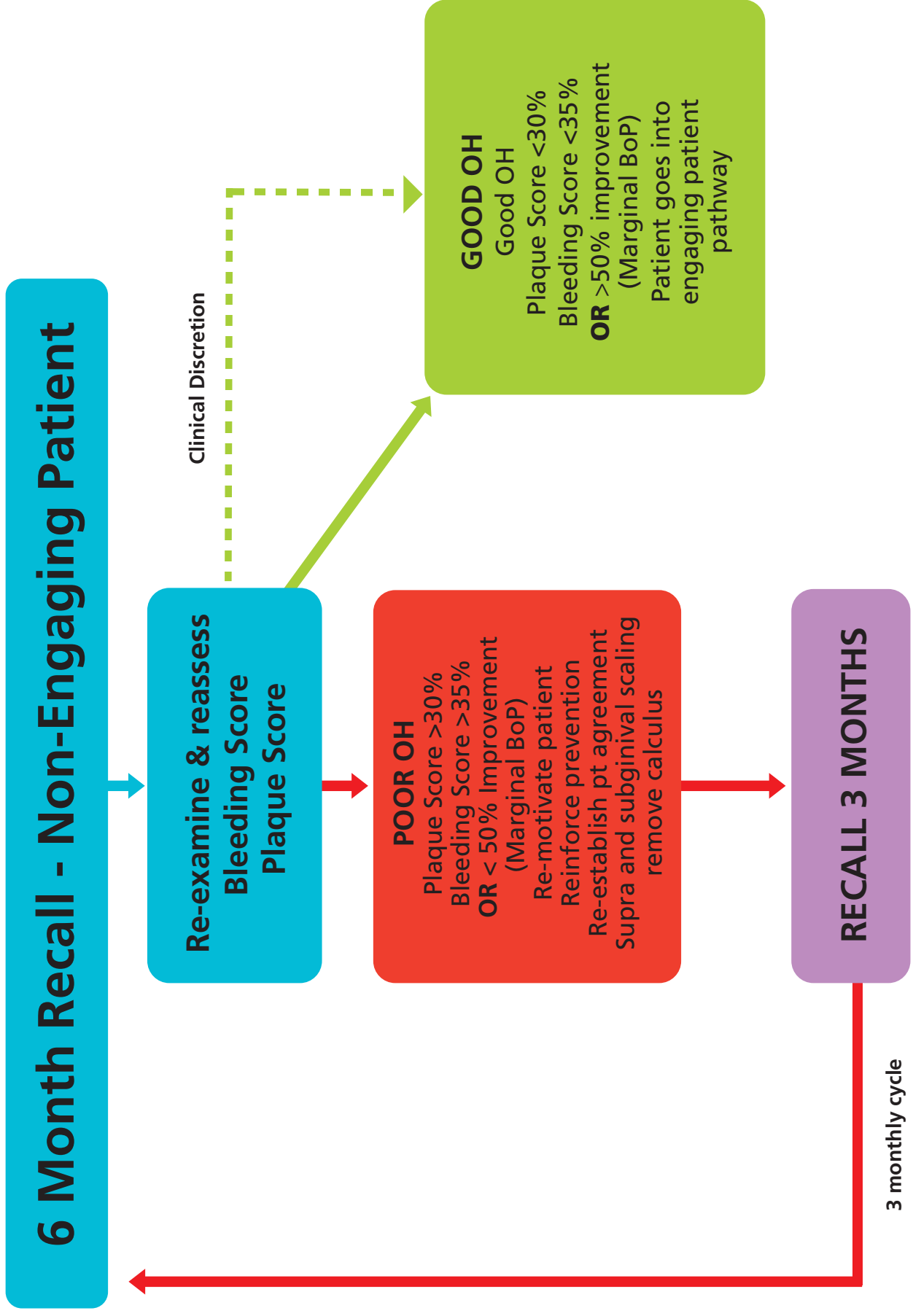
Year 1, Month 3

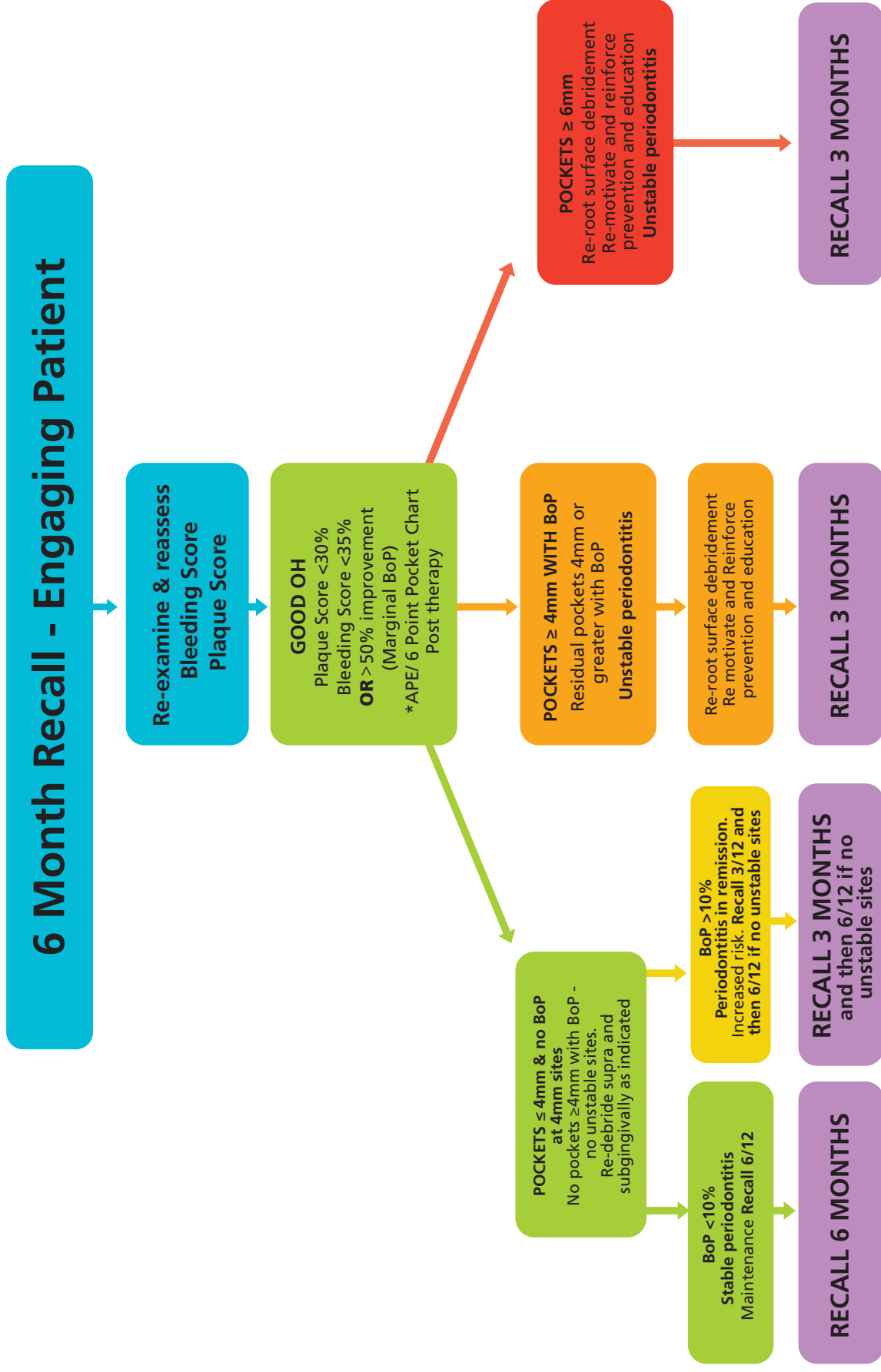
3/12 Re-examination and reassessment



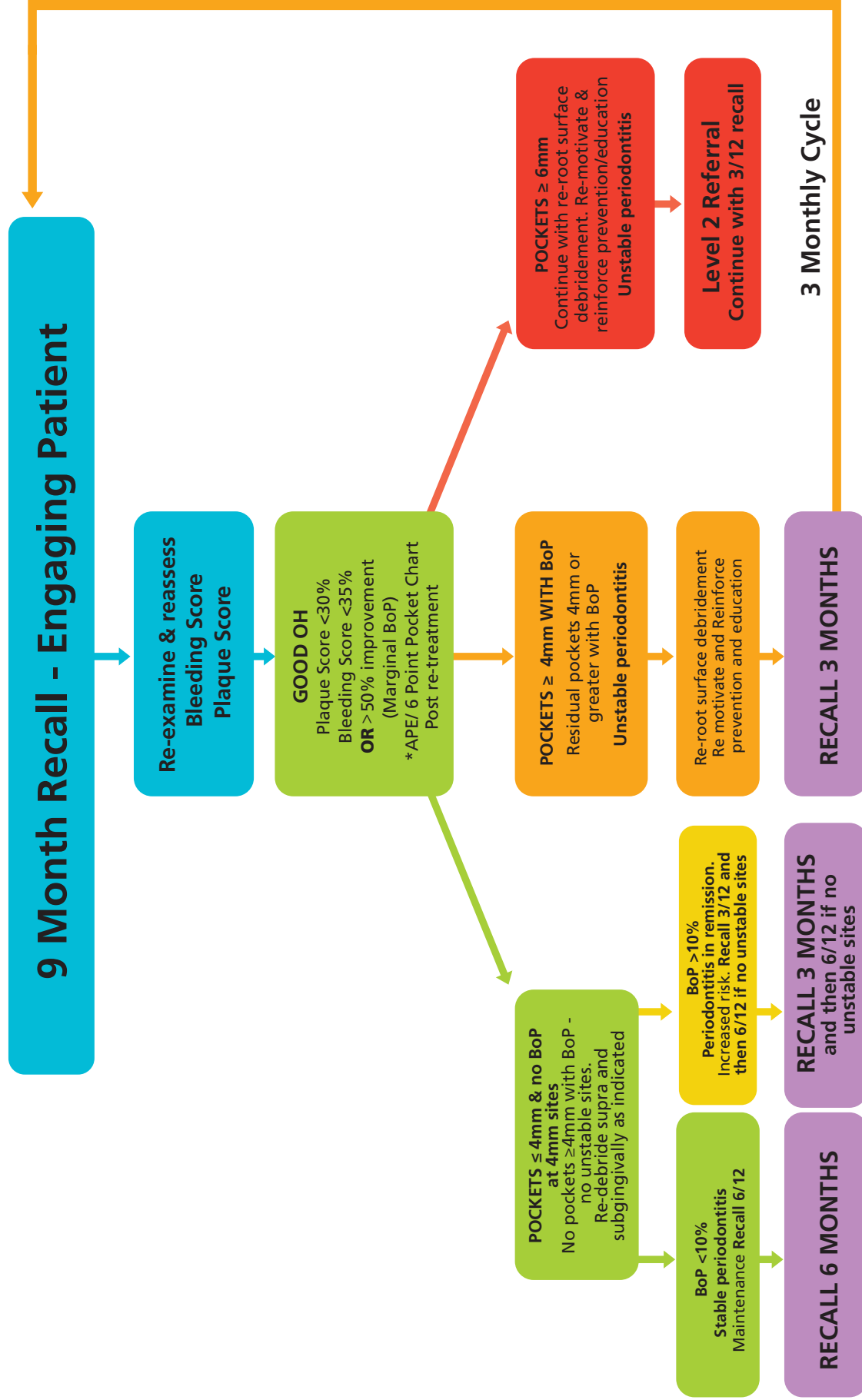
* Advanced Disease Pathway (BPE code 4) full mouth APE/DPC, pre-treatment pocket chart
Disease Pathway (BPE code 3) APE/DPC in the relevant sextant post initial therapy pocket chart

Healthy gums
DO matter!





* Advanced Disease Pathway (BPE code 4) full mouth APE/DPC, post-treatment pocket chart
 Disease Pathway (BPE code 3) APE/DPC in the relevant sextant post-treatment pocket chart



* Advanced Disease Pathway (BPE code 4) full mouth APE/DPC, post re-treatment pocket chart
Disease Pathway (BPE code 3) APE/DPC in the relevant sextant post re-treatment pocket chart

Example of Notes for Clinical Records

- Patient advised of mild/moderate/severe/ very severe / rapidly progressing (aggressive) periodontal disease (periodontitis) which is localised affecting less than 30% of teeth / generalised affecting more than 30% of teeth and progressing at a slow/moderate/rapid rate and is currently stable/ in remission/ unstable
- Patient warned of tooth mobility and tooth loss related to periodontal disease
- Patient advised that they are at risk of developing destructive periodontal disease – periodontitis
- Patient advised the main risk factor for periodontal disease is plaque and to prevent further bone destruction and advancement of periodontal disease leading to tooth mobility and tooth loss, they must maintain high standards of oral hygiene and low plaque levels
- Patient advised of diabetes related to periodontal disease and increased risk of developing periodontal disease with poorly controlled blood sugar levels and poorer response to periodontal therapy. Patient advised well controlled diabetics have similar risk to non-diabetic patients. Patient advised stabilising periodontal disease will be influenced by how well controlled their glycaemic levels are
- Patient advised of smoking related to periodontal disease – increased risk factor (3-7 times) for periodontitis and poorer response to periodontal therapy and increased risk of treatment failure and tooth loss. Patient advised smokers receiving treatment for periodontitis are twice as likely to lose teeth compared with non-smokers. Patient advised stopping smoking will help to improve the outcome of periodontal disease
- Discussed with patient about Electronic Cigarettes / vaping and oral nicotine – still a risk factor for periodontal disease as nicotine is a vasoconstrictor – encouraged patient to try and reduce and stop and to use it as part of a plan to stop smoking and using nicotine
- Patient advised that oral hygiene is not adequate to support formal periodontal therapy. Patient advised needs to improve oral hygiene and plaque levels to support periodontal therapy. Patient advised that formal periodontal therapy with pocket charting and root surface debridement to be delayed until oral hygiene supportive. Patient advised that we will carry out gross supra and sub-gingival scaling and debridement to help facilitate improvement in oral hygiene and plaque levels.
- Patient advised the best outcome after treatment will be when they have low plaque levels, excellent oral hygiene, stop smoking and blood sugar related to diabetes is under good control
- Reinforced patient agreement and self-care plan and their responsibilities to maintain good plaque control
- Patient warned of post operative sensitivity, gingival recession, tooth mobility and black triangle appearance due to loss of interdental papillae after periodontal therapy
- Patient shown in mirror all the areas they are missing and the plaque build up on the teeth and interdentally.
- Patient advised of the importance of interdental cleaning to remove interdental plaque and prevent periodontal disease
- Patient shown how to use Interdental brushes properly and advised sizes. Patient advised to make sure sung fit for ID brushes so they are effective
- Advised patient of importance of daily ID cleaning to stabilise PD
- Patient advised to make sure sung fit for ID brushes so are effective
- Patient shown correct technique for ID cleaning and how to work ID brush to ensure effective cleaning
- Demo given in the mouth with ID brush and patient shown how to insert at correct angle and avoid trauma to the gingivae and clean effectively against both teeth and interdentally
- Patient shown in the mouth how to use interdental brushes and shown how to access upper post quadrants from palatal aspect and lower posterior quadrants from the lingual aspect. Patient advised to do this daily as well
- Patient advised to use single tufted brush as well and to concentrate marginally and interproximally. Demonstrated to the patient how to use the single-tufted brush using a pen grip of finger grip for better control.
- Patient's brushing technique examined and patient shown the areas being missed
- Tooth brushing demo given to patient – patient shown Bass technique and modified Stillman technique
- Patient advised if periodontal disease progresses it will eventually result in tooth mobility leading to tooth loss
- Discussed with patient referral to periodontal specialist for periodontal therapy and treatment
- Patient advised of self-care responsibilities to prevent further destructive periodontal disease leading to tooth loss and tooth mobility. These include brushing effectively twice daily as shown and once daily interdental cleaning with appropriate interdental cleaning aids as has been demonstrated.
- APE done - Full mouth 6-point pocket chart carried out and all pockets 4mm and over with and without bleeding recorded on pockets chart and maximum attachment loss per tooth. Mobility and furcation involvement recorded.
- Supra and subgingival scaling and root surface debridement carried out on all pockets identified on pocket chart (under LA – type, dose, amount, location given, batch number, expiry date) with ultrasonic/cavitrone machine and/or hand instruments
- Full mouth ultrasonic disinfection carried out with/without LA (type, dose, amount, location given, batch number, expiry date)
- Patient does not want periodontal treatment or scaling. Patient warned of further progression of periodontal disease and further tissue and bone destruction leading to tooth mobility and eventual tooth loss. Advised that periodontal treatment will delay this process and if it is supported by high standards of plaque control and oral hygiene then it will stabilise the periodontal disease. Patient still decided not to have periodontal treatment and refuses treatment and accepts the risks. Patient information gone through and patient signed informed refusal for periodontal treatment
- Patient advised periodontal treatment will not be successful and stabilise unless supported with high levels of plaque control and oral hygiene
- Patient agreement re—established and re-outlined patient's responsibilities for self-care as in the patient agreement

Periodontal Information Leaflet & Consent Form

You have been diagnosed with a destructive form of gum disease called "Periodontitis". Periodontitis causes irreversible destruction of the bone and tissues that hold the teeth in the jaw. The disease is usually slowly progressing, but it can go through periods of rapid destruction and in rare cases it can be very aggressive.

Now you have this condition you will need to make changes to your lifestyle and daily routines if you wish to keep your teeth. You will also require continuing close care and support to prevent it from getting worse and to detect any relapse. This will mean regular dental examination appointments, most likely every 3 months in the initial phase until the disease is stabilised.

The end result of periodontitis can be tooth mobility and eventual tooth loss. In most cases periodontitis is a painless, silent disease causing problems in the late stages, usually due to pain associated with tooth mobility and recurrent gum abscesses. Periodontitis is treatable and we can stabilise the disease, but this can only be done if we have your daily cooperation.

Some of the signs of periodontitis are:

- Bleeding gums
- Recession of the gums
- Lengthening of the teeth
- **Healthy Gums DO NOT Bleed**
- Tooth loss
- Loose teeth
- Swollen and tender gums
- Sensitivity of the teeth
- Gum abscesses
- Bad breath

Periodontitis can be halted and kept stable to prevent further destruction of the bone and tissues supporting the teeth. There are many risk factors for periodontitis, but the main risk factor is dental plaque. In order for periodontal treatment to be successful, it must be supported by very high standards of daily oral hygiene and home self-care.

This will inevitably mean that cleaning your teeth will now take considerably longer than before. This can even be up to 20 minutes twice daily, in order to achieve the high standards of oral hygiene needed to halt the progression of periodontitis.

If the periodontal treatment provided by your dentist is not supported with adequate levels of

oral hygiene at home, it will not be successful and the result will be continuing destruction of the bone supporting your teeth leading to increasing tooth mobility and eventual tooth loss.

The disease works in a very similar way to type 2 diabetes, and so just as a diabetes patient has to keep tight control of their diet and monitor their blood sugar levels, similarly you will have to keep tight control of your brushing and reduce the levels of plaque in your mouth.

Apart from plaque, the other main risk factors for periodontitis are smoking (including other tobacco and oral nicotine use), poorly or uncontrolled diabetes, genetic factors and a diet high in refined sugars and low in antioxidants (fruit and vegetables).

If you are a smoker it negatively impacts upon how you heal and so periodontal treatment is less effective, and there is an increased risk of tooth loss.

Therefore, it is important that you stop smoking and using other oral tobacco and nicotine replacements in order for treatment to work well. If you would like some support to stop smoking, please speak with your dental team.

Likewise, uncontrolled diabetes with high blood sugar levels causes increased destruction of the bone and tissues supporting the teeth and patients do not heal well after treatment. It is vital that diabetes is controlled with the help of your general medical practitioner.

Periodontal treatment

Periodontal treatment involves cleaning the teeth and root surfaces from calculus, plaque, toxins and diseased tissues. This is called "deep scaling" and "root surface debridement" and is best done under local anaesthetic to avoid discomfort and allow thorough cleaning to be done. The aim of the treatment is to thoroughly and systematically clean all affected root surfaces from the harmful material and toxins that can cause further destruction of bone and supporting dental tissues.

As a result of periodontal treatment and therapy, you may notice the following:

- Increased sensitivity of the exposed root surfaces to hot, cold or sweet food and drinks
- Increased susceptibility to root surface decay
- Temporary increases in tooth mobility
- Recession of the gums and exposure of the root surfaces
- Elongation of the teeth
- A black triangle appearance and shadowing between the teeth where the dental papilla has been lost. This is irreversible, but if treatment is successful it can be masked.

These side effects arise as the gums begin to heal and the deep pockets below the gum reduce. The aim of treatment is to reduce these deep pockets where all the bacteria and toxins live, which are inaccessible to daily home cleaning and therefore require deep scaling by the dental team.

The success of periodontal treatment is multifactorial, but your role is central and crucial in maintaining low plaque levels in the mouth, as well as managing the other risk factors. It is for this reason that periodontal treatment does not guarantee stabilising the condition. In most cases, when the main risk factors, such as smoking and uncontrolled diabetes are eliminated, and immaculate oral hygiene is maintained, periodontal disease will stabilise. This will work for the majority of people.

However, despite this, periodontal disease can sometimes be challenging to treat and in certain circumstances you may need a referral to a specialist in gum disease (Periodontist). The option of being referred to a gum specialist can also be done from the onset, and if you would like to be referred immediately, please discuss this with your dentist.

You have been diagnosed with periodontitis which is :

- ☐ Localised and affecting less than 30% of your teeth
- ☐ Generalised and affecting over 30% of your teeth
- ☐ A molar/incisor pattern affecting your molar and incisor teeth

Your periodontitis is:

- ☐ Mild/early (Stage 1)
- ☐ Moderate (Stage 2)
- ☐ Severe (Stage 3)
- ☐ Very severe (Stage 4)

And is progressing at a:

- ☐ Slow rate (Grade A)
- ☐ Moderate rate (Grade B)
- ☐ Rapid (aggressive) rate (Grade C)

Your periodontitis is currently :

- ☐ Stable (Healthy)
- ☐ In Remission (high risk of further bone loss)
- ☐ Unstable (active disease present)

Your risk factors for periodontitis are :

- ☐ Smoking
- ☐ Diabetes, optimal control lower risk
- ☐ Diabetes - sub-optimal control increased risk
- ☐ Other risk factors identified
- ☐ No risk factors identified

Additional Information

Declaration

I certify that I have read and understood this document relating to the treatment of my gum disease. I have had the opportunity to ask any questions. I can confirm that I consent to the treatment of my gum disease as planned by the dental team and will commit to self-care as outlined to me.

Signed

Name

Date

I certify that I have read and understood this document relating to the treatment of my gum disease. I have had the opportunity to ask any questions. I can confirm that I DO NOT consent to the treatment of my gum disease as planned by the dental team. I have understood all the consequences of refusing treatment and understand that it will lead to earlier tooth mobility and tooth loss.

Signed

Name

Date

Dental team

Signed

Name

Date

Gum Health Improvement Patient Agreement

Gum health is important to prevent gum disease. There are two main types of gum disease and you have been diagnosed with:

- ☐ Gingivitis – which is reversible gum disease but can lead to:
- ☐ Periodontitis – which can cause tooth loss but can be controlled

Periodontitis slowly destroys the bone that holds your teeth in the jaw and unless it is treated, the end result is that the teeth become loose and are eventually lost. The most important thing you can do is to learn how to thoroughly clean the Dental Plaque build up in between your teeth and along the gums.

Self-care plan:

For better gum health we recommend:

- ☐ Cleaning thoroughly between the teeth or “interdental cleaning” using the right size interdental brush or floss as demonstrated to you.
- ☐ Recommended interdental brush sizes:
- ☐ Brushing your teeth and gums thoroughly twice a day using a fluoride toothpaste as demonstrated to you
- ☐ Stopping smoking. Smoking puts you at higher risk of developing Periodontitis and treatment will not work as well and you are more likely to loose your teeth
- ☐ Diabetes check. Diabetes is a risk factor for Periodontitis
- ☐ Stopping oral nicotine e.g. E-cigarettes, vaping, nicotine lozenges, sprays or gum.
- ☐ Using a single-tufted brush around the gum margins and between your teeth once / twice daily
- ☐ Other

Your gum health will be re-assessed in

Consent

The Dental team is here to help you keep your gums and teeth healthy. We will work with you to show you the best way to clean your gums and teeth thoroughly. This is set out in your care plan above. The biggest impact on Periodontitis is having a clean “plaque free” mouth. Any treatment that we do in the surgery will not work as well unless it is supported with thorough plaque removal at home. Your plaque score should ideally be below 20% and your gum bleeding score should be below 10%.

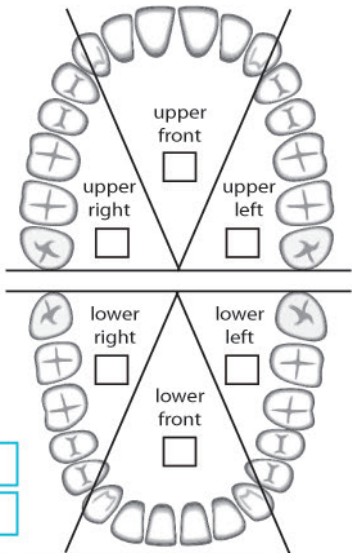
For this reason, we cannot begin advanced treatment for the gum disease until we can see you are able to achieve good levels of plaque control. We will do our best to help you achieve this, but the main responsibility lies with yourself. If you follow the self-care plan we will see an improvement in your gum health. To put it simply Periodontitis is beaten in the bathroom, not in the dental surgery.

Signed _____ (Dentist/Dental Hygienist/Dental Therapist)

Patient name: _____ Signed: _____

Date: _____ Patient ID: _____ Patient DOB: _____

Your gum health score is shown here



Plaque score:
Bleeding score:

Mouth divided into 6 areas. Understanding your score
Score 0 = Health Score 1-2 = Gingivitis Score 3-4 = Periodontitis








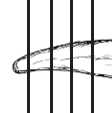












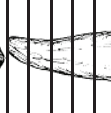





Total Score = Modified Bleeding Score = %

Patient Name:

Patient Number:

DOB:

Date

R

L

B

B

Mob/Furc
Recession
Pocket Depth

P

















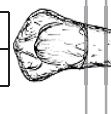

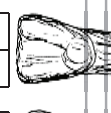
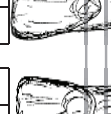
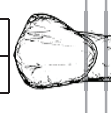





P

Upper
Pocket Depth
Recession

L

L





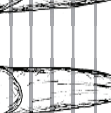
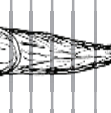

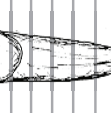


















Recession
Pocket Depth

B

B

Pocket Depth
Recession
Mob/Furc

B

L

Lingual

B

B

Buccal



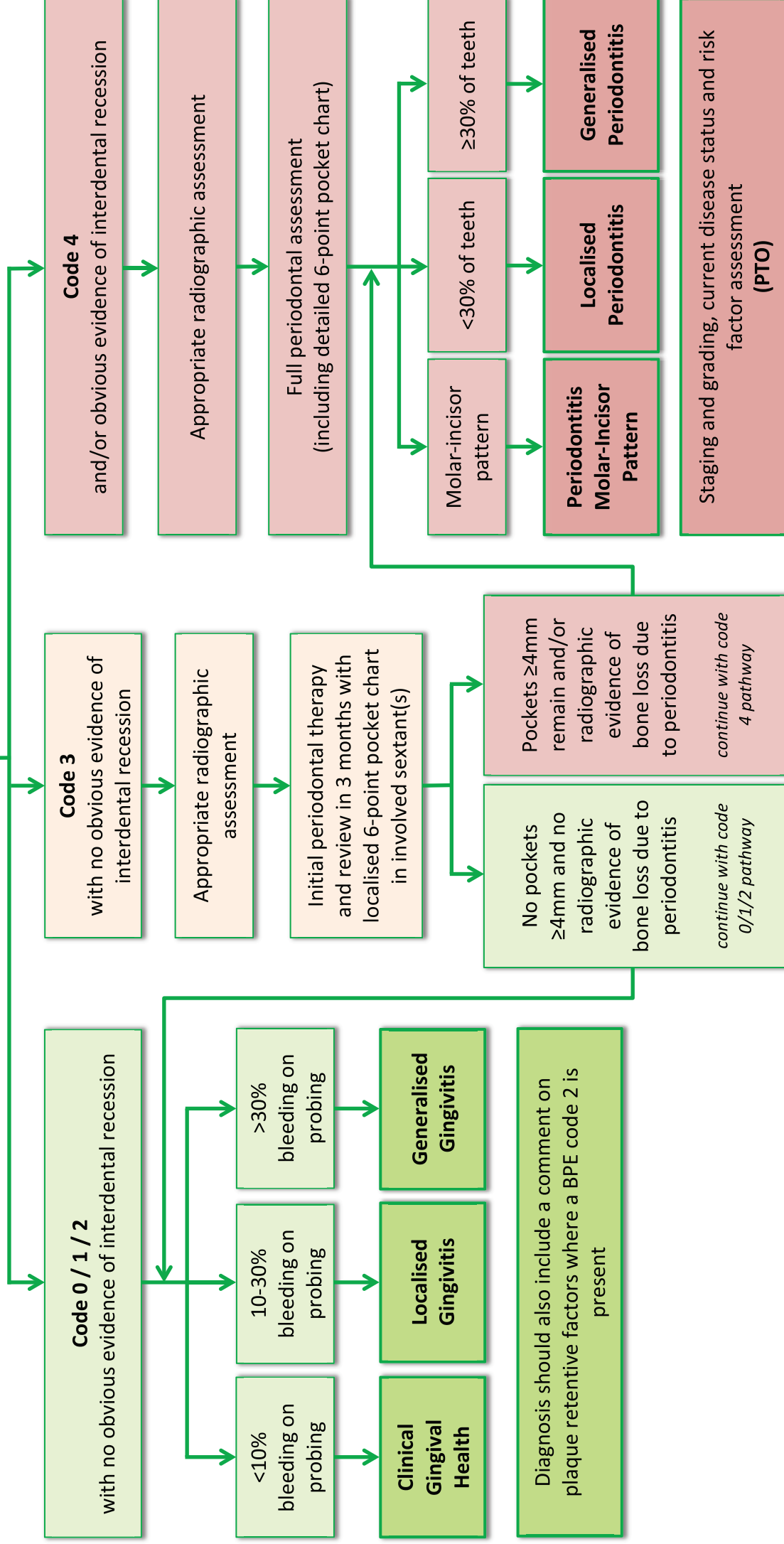
BSP

British Society of
Periodontology

Implementing the 2017 Classification of Periodontal Diseases to Reach a Diagnosis in Clinical Practice



History, examination and screening for periodontal disease
including BPE and assessment of historic periodontitis (interdental recession)





BSP

British Society of
Periodontology

Staging

Grading

Radiographic Assessment
(periapicals or OPG/DPT)
if not clinically justified or if bitewings only available use CAL or bone loss from CEJ



Interproximal bone loss
(use worst site of bone loss due to periodontitis)

% bone loss ÷ patient age
(use worst site of bone loss due to periodontitis)

<15%
(or <2mm
attachment loss
from CEJ)

Stage I
(Early/Mild)

Coronal third
of root

Stage II
(Moderate)

Mid third of
root

Stage III
(Severe)

Apical third of
root

Stage IV
(Very Severe)

<0.5

Grade A
(Slow rate of
progression)

0.5-1.0

Grade B
(Moderate
rate of
progression)

>1.0

Grade C
(Rapid rate of
progression)

Assessment of Current Periodontitis Status

Risk Factor Assessment

Currently Stable
BoP <10%
PPD ≤4mm
No BoP at 4mm sites

Currently in Remission
BoP ≥10%
PPD ≤4mm
No BoP at 4mm sites

Currently Unstable
PPD ≥5mm or
PPD ≥4mm & BoP

For example:

- Smoking, including cigarettes/day
- Sub-optimally controlled diabetes

Diagnosis Statement: Extent – Periodontitis – Stage – Grade – Stability – Risk Factors
e.g.: Generalised Periodontitis Stage 3 Grade B – Currently Unstable – Risk(s): Smoker 15/day

Author

Shazad Saleem

Contributions from:

Martin Ashley
Prof Iain Chapple
Colette Bridgman
Elaine Hawthorn
Gill Davies

Greater Manchester Local Dental Network (LDN)

Healthy Gums DO Matter

LDN Perio Steering Group:

Shazad Saleem - (Chair and Clinical lead), Colette Bridgman, Martin Ashley,
Elaine Hawthorn, Rose Peeling & Prof Iain Chapple.

LDN Perio Working Group and additional input from:

Shazad Saleem, Martin Ashley, Elaine Hawthorn, Colette Bridgman,
Rose Peeling, Prof Iain Chapple, Paul Weston, Prof Ian Needleman, Ian Sproat,
Tasmia Khan, Serena Rochford, James Darcey, Kirsten Sedgwick, Imran Asghar,
Ravi Singh, Diane Hunter, Mohsan Ahmad, Claire Scott, Razvana Bashir, Ann Brady.

Supported By

Greater Manchester Area Team – Ben Squires, Lindsey Bowes
Public Health England, Greater Manchester Centre

Medico - Legal Advice

Andrew Bridgman, St Johns Buildings Barrister's Chambers
Philip R. Greene, Specialist in Periodontics, Dental Expert Witness



Greater Manchester Health & Social Care Partnership

Greater Manchester Local Dental Network, GM Area Team,
3 Piccadilly Place, Manchester M1 3BN

Email: England.gmdental@nhs.net