

# Patient Consultation Guide



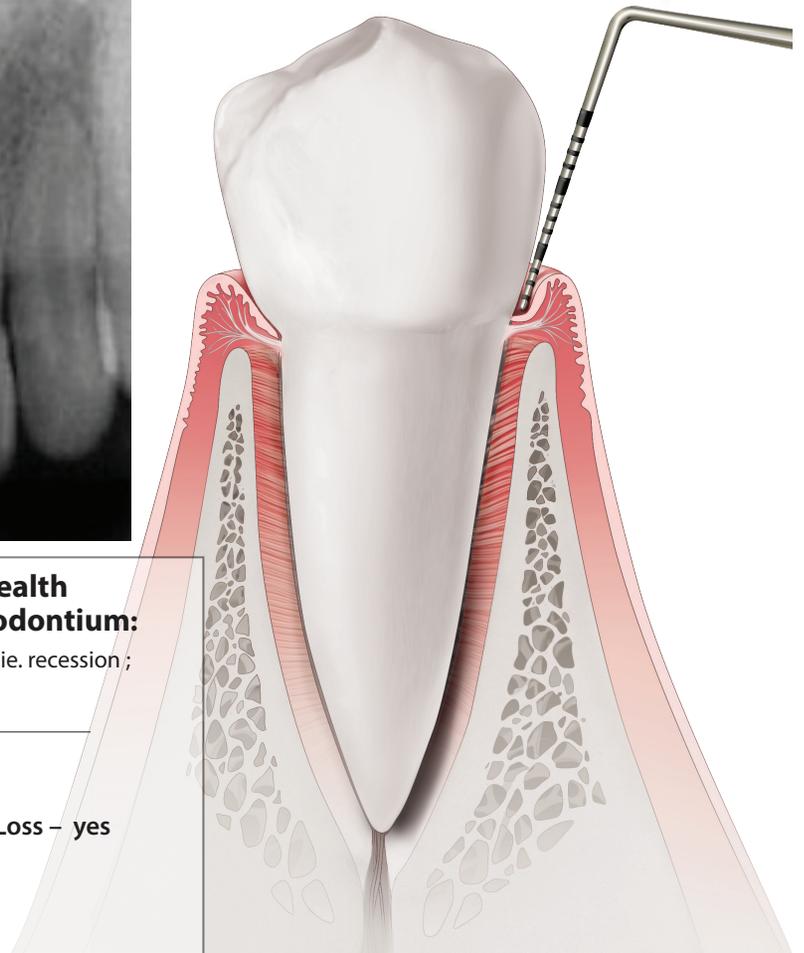
**P&G** Professional Oral Health

**Crest** • **Oral-B**

# 2018 Classification of Periodontal and Peri-Implant Diseases

Periodontal Health, Gingivitis & Gingival Conditions	Periodontitis	Other Conditions Affecting the Periodontium	Peri-Implant Diseases & Conditions
Periodontal Health & Gingival Health	Necrotizing Periodontal Diseases	Systemic Diseases or Conditions affecting periodontal supporting structures	Peri-Implant Health
Gingivitis: Biofilm Induced	Periodontitis as a manifestation of systemic diseases	Periodontal Abscesses & Endodontic-Periodontal Lesions	Peri-Implant Mucositis
Gingival diseases: Non-Biofilm Induced	Periodontitis	Mucogingival Deformities & Conditions	Peri-Implantitis
		Traumatic Occlusal Forces	
		Tooth & Prostheses-related factors	Peri-Implant soft & hard tissue deficiencies

# Health



## Clinical Gingival Health on an Intact Periodontium

## Clinical Gingival Health on a Reduced Periodontium:

## Clinical Gingival Health on a Reduced Periodontium:

Stable Periodontitis Patient

Non-Periodontitis Patient (ie. recession ; crown lengthening etc.)

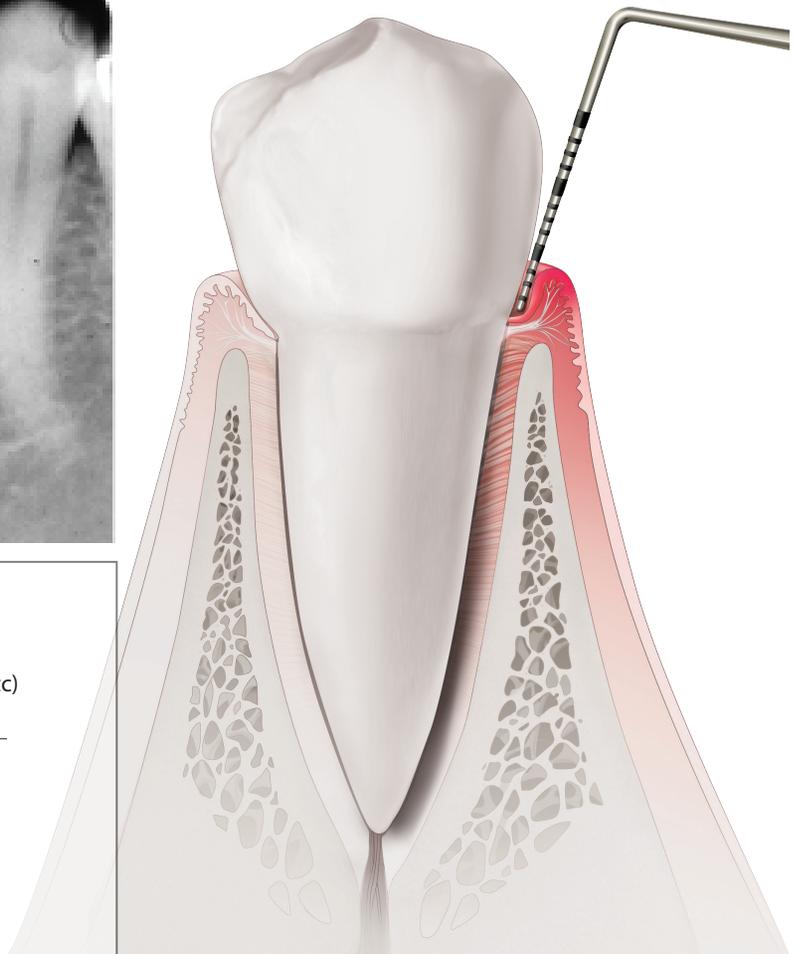
### Clinical Characteristics

BOP <10%  
 PD ≤3mm  
 Probing Attachment Loss – no  
 RBL – no

BOP <10%  
 PD ≤ 4mm  
 (no site ≥4mm with BOP)  
 Probing Attachment Loss – yes  
 RBL – yes

BOP <10%  
 PD ≤3mm  
 Probing Attachment Loss – yes  
 RBL – possible

# Gingivitis



## Gingivitis Intact Periodontium

### Clinical Characteristics

BOP  $\geq$  10%  
PD 0-3 mm  
CAL – none  
RBL – none

## Gingivitis with Reduced Periodontium

Stable Periodontitis Patient

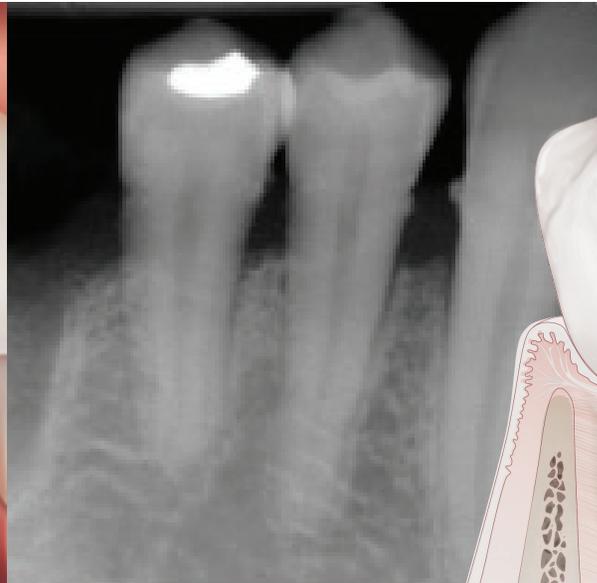
BOP  $\geq$  10%  
PD  $\leq$  3mm  
CAL – yes  
RBL – yes

## Gingivitis with Reduced Periodontium

Non-Periodontitis Patient  
ie. recession; crown lengthening, etc)

BOP  $\geq$  10%  
PD  $\leq$  3mm  
CAL – yes  
RBL – possible

# Periodontitis **Stage I - Grade B\***



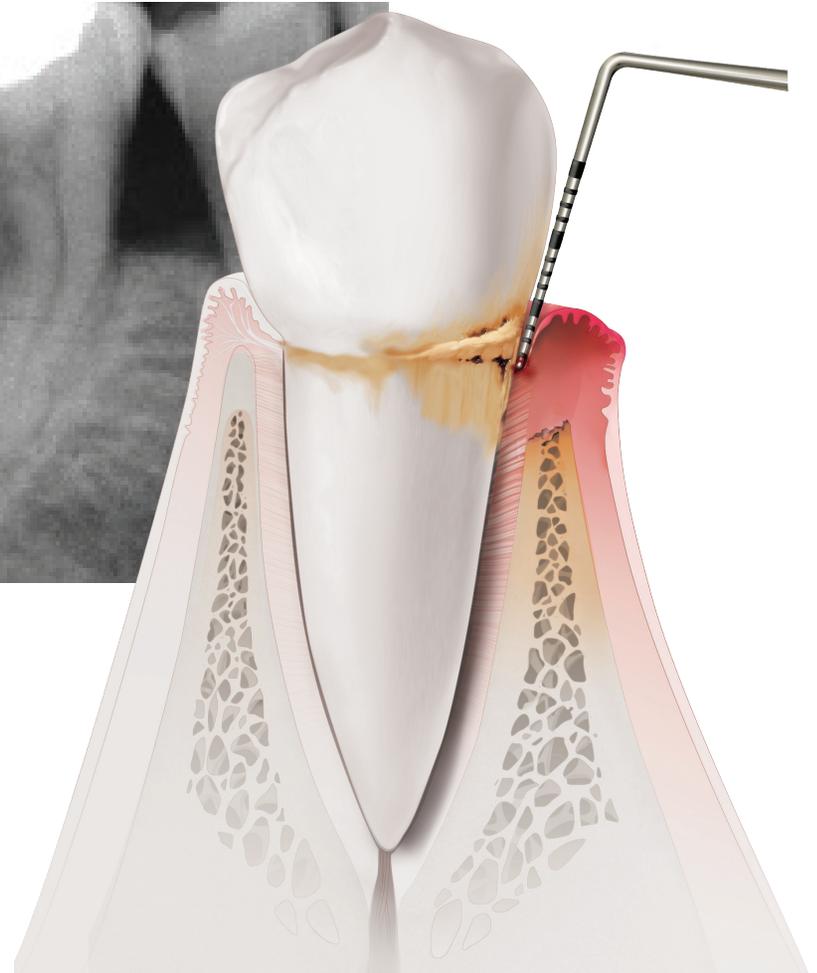
## Clinical Characteristics

BOP – yes (>10%)	No tooth loss due to periodontitis
PD ≤ 4 mm	Moderate rate of progression
CAL 1-2 mm	If Smoker < 10 cigs/day
RBL < 15% & generally horizontal	If Diabetic HbA1c < 7.0%
Biofilm – slight - heavy	

\* Grade is determined by rate of progression

## Periodontitis **Stage II - Grade B\***

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### **Clinical Characteristics**

BOP – yes	No tooth loss due to periodontitis
PD $\leq$ 5 mm	Moderate rate of progression
CAL 3-4 mm	If Smoker < 10 cigs/day
RBL – 15%-33% & mostly horizontal	If Diabetic HbA1c < 7.0%
Biofilm – slight - heavy	

\* Grade is determined by rate of progression

# Periodontitis **Stage III - Grade B\***



## Clinical Characteristics

BOP – yes

PD  $\geq$  6 mm

CAL  $\geq$  5 mm

RBL  $\geq$  50% horizontal  $\geq$  3mm vertical

Biofilm – slight - heavy

Tooth loss due to periodontitis  $\leq$  4 teeth

Furcation involvement – Class II or III

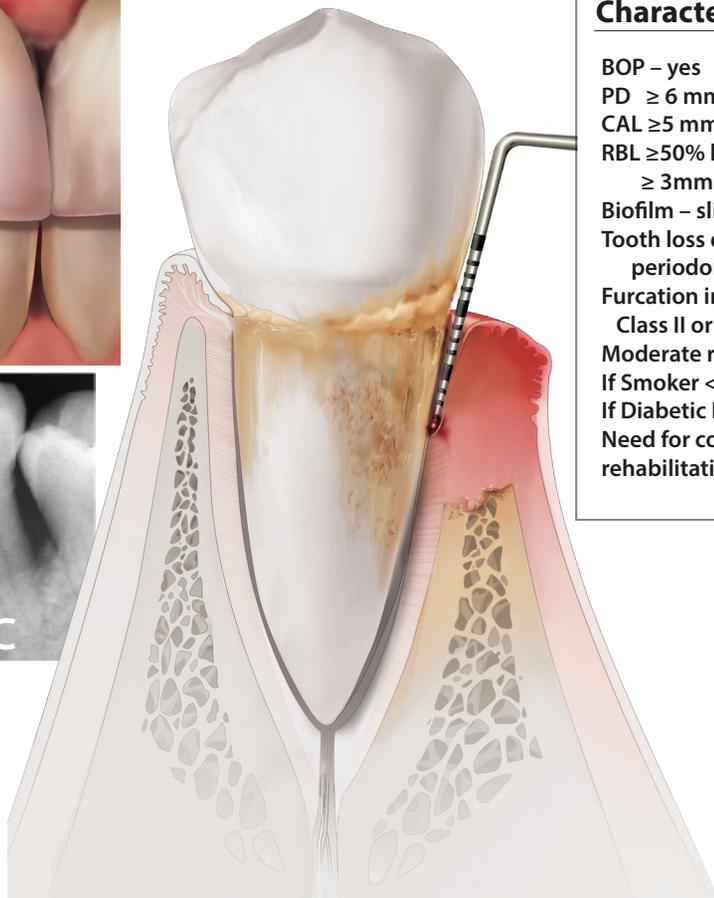
Moderate ridge defect

If Smoker < 10 cigs/day

If Diabetic HbA1c < 7.0%

\* Grade is determined by rate of progression

# Periodontitis **Stage IV - Grade B\*** and **Stage IV - Grade C\***



## Stage IV Grade B\*

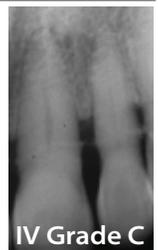
### Clinical Characteristics

BOP – yes  
 PD  $\geq 6$  mm  
 CAL  $\geq 5$  mm  
 RBL  $\geq 50\%$  horizontal  
 $\geq 3$ mm vertical  
 Biofilm – slight - heavy  
 Tooth loss due to  
 periodontitis  $\geq 5$  teeth  
 Furcation involvement=  
 Class II or III  
 Moderate ridge defect  
 If Smoker  $< 10$  cigs/day  
 If Diabetic HbA1c  $< 7.0\%$   
 Need for complex  
 rehabilitation

## Stage IV Grade C\*

### Clinical Characteristics

BOP – yes  
 PD  $\geq 6$  mm  
 CAL  $\geq 5$  mm  
 RBL  $\geq 50\%$  horizontal  
 $\geq 3$ mm vertical  
 Biofilm – slight - heavy  
 Tooth loss due to  
 periodontitis  $\geq 5$  teeth  
 Furcation involvement=  
 Class II or III  
 Moderate ridge defect  
 Bone loss exceeds  
 expectations given biofilm  
 If Smoker  $\geq 10$  cigs/day  
 If Diabetic HbA1c  $\geq 7.0\%$   
 Need for complex  
 rehabilitation



\* Grade is determined by rate of progression

# Periodontitis Staging

Periodontitis	Stage I	Stage II	Stage III	Stage IV
<b>Severity</b>				
Interdental CAL at site of greatest loss	1-2mm	3-4mm	≥5mm	≥5mm
Radiographic Bone Loss	Coronal third (<15%)	Coronal third (15%-33%)	Extending to mid-third of root and beyond	Extending to mid-third of root and beyond
Tooth Loss	No tooth loss due to Periodontitis	No tooth loss due to Periodontitis	Tooth loss due to Periodontitis of ≤4 teeth	Tooth loss due to Periodontitis of ≥5 teeth
<b>Complexity</b>				
Local	<ul style="list-style-type: none"> <li>• Maximum Probing Depth ≤ 4mm</li> <li>• Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum Probing Depth ≤ 5mm</li> <li>• Mostly horizontal bone loss</li> </ul>	<i>In addition to Stage II complexity:</i> <ul style="list-style-type: none"> <li>• Probing depth ≥ 6mm</li> <li>• Vertical bone loss ≥3mm</li> <li>• Furcation involvement (Class II or III)</li> <li>• Moderate ridge defect</li> </ul>	<i>In addition to Stage III complexity:</i> Need for complex rehabilitation due to: <ul style="list-style-type: none"> <li>• Masticatory dysfunction</li> <li>• Secondary occlusal trauma (tooth mobility degree ≥2)</li> <li>• Severe ridge defect</li> <li>• Bite collapse, drifting, flaring</li> <li>• Less than 20 remaining teeth (10 opposing pairs)</li> </ul>
Extent and distribution	<i>For each stage, describe extent as localized (&lt;30% teeth involved), generalized, or molar/incisor pattern</i>			

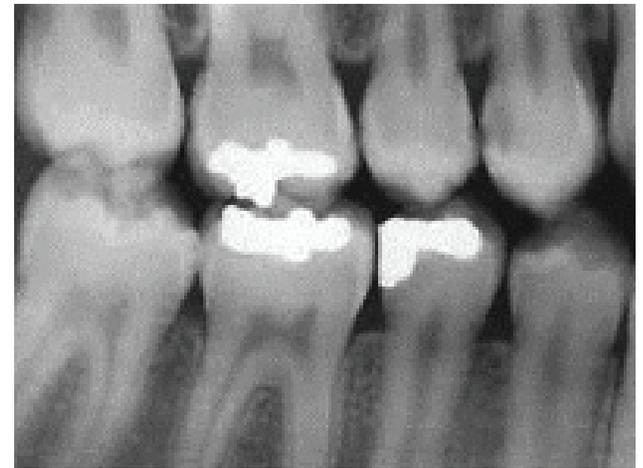
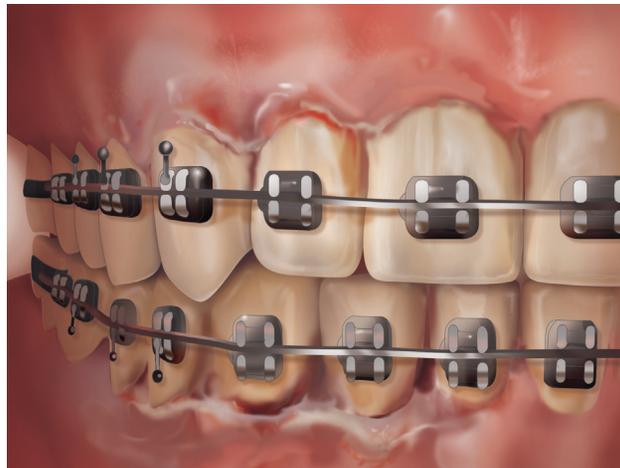
# Periodontitis Grading

Periodontitis		Grade A Slow rate of progression	Grade B Moderate rate of progression	Grade C Rapid rate of progression
<b>Primary Criteria</b>				
Direct Evidence of Progression	Longitudinal data (Radiographic bone loss or CAL)	Evidence of no RBL or CAL loss over 5 years	< 2mm over 5 years	≥2mm over 5 years
Indirect Evidence of Progression	% Bone Loss/age Case Phenotype	<0.25 Heavy biofilm deposits with low levels of destruction	.25 - 1.0 Destruction commensurate with biofilm deposits	>1.0 • Destruction exceeds expectation given biofilm deposits • Specific clinical patterns suggestive of periods of rapid progression and/or early-onset disease (eg. molar/incisor pattern; lack of expected response to standard bacterial control therapies)
<b>Grade Modifiers</b>				
Risk Factors		Non-smoker	Smoker <10 cigarettes/day	Smoker ≥10 cigarettes/day
		Normoglycemic/ no diagnosis of diabetes	HbA1c <7.0%	HbA1c ≥7.0% in patients with diabetes

Adapted from Papapanou et al. J Clin Periodontal. 2018;45(Supp 20):S162-S170

# Necrotizing Periodontal Diseases **Necrotizing Gingivitis (NG)**

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## Clinical Characteristics

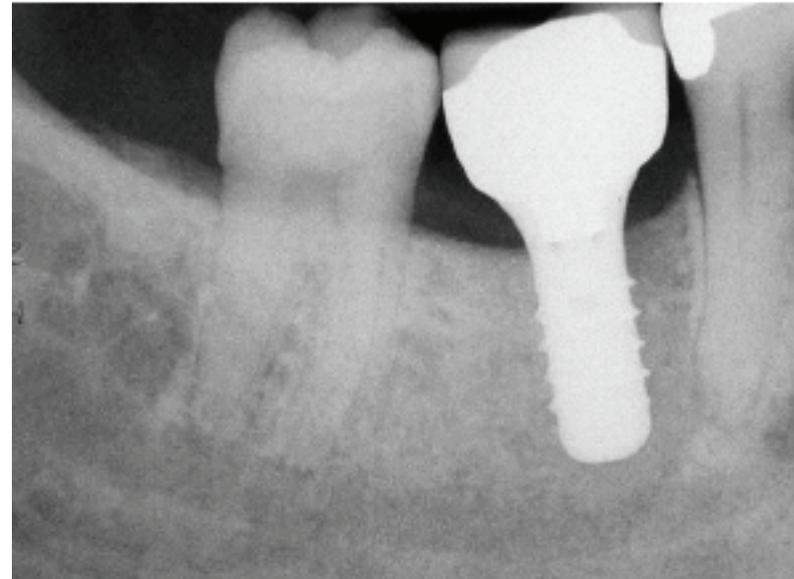
BOP – profuse & generalized	Pseudomembrane
PD $\leq$ 3 mm	Gingival recession
RBL – none	Necrosis
Biofilm – moderate - heavy	Loss of interproximal papillae
Inflammation/necrotic tissue	Pain/fever - variable

## Risk Factors

Inadequate oral hygiene	Nutritional deficiency
Smoking	Immunosuppression
Psychological stress	Sleep deprivation

# Peri-implant Mucositis

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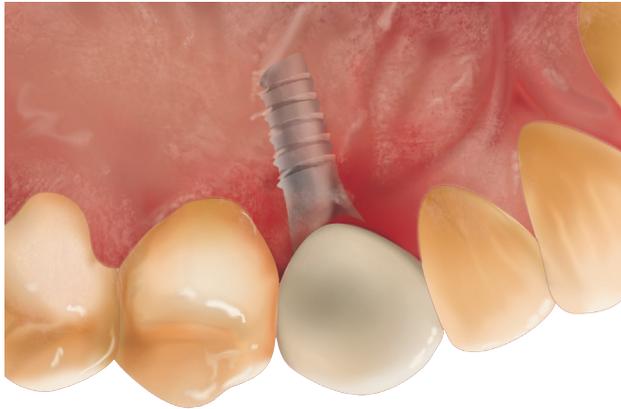


## **Clinical Characteristics**

BOP – yes  
PD – increase  
RBL – no  
Visual inflammation – yes  
Biofilm – yes  
Mobility – no

# Peri-implantitis

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## Clinical Characteristics

BOP &/or suppuration – yes

PD – increase/correlated to bone loss

RBL – yes

Biofilm – yes

Visual inflammation – yes

Mobility – yes

More rapid progression than found in periodontitis

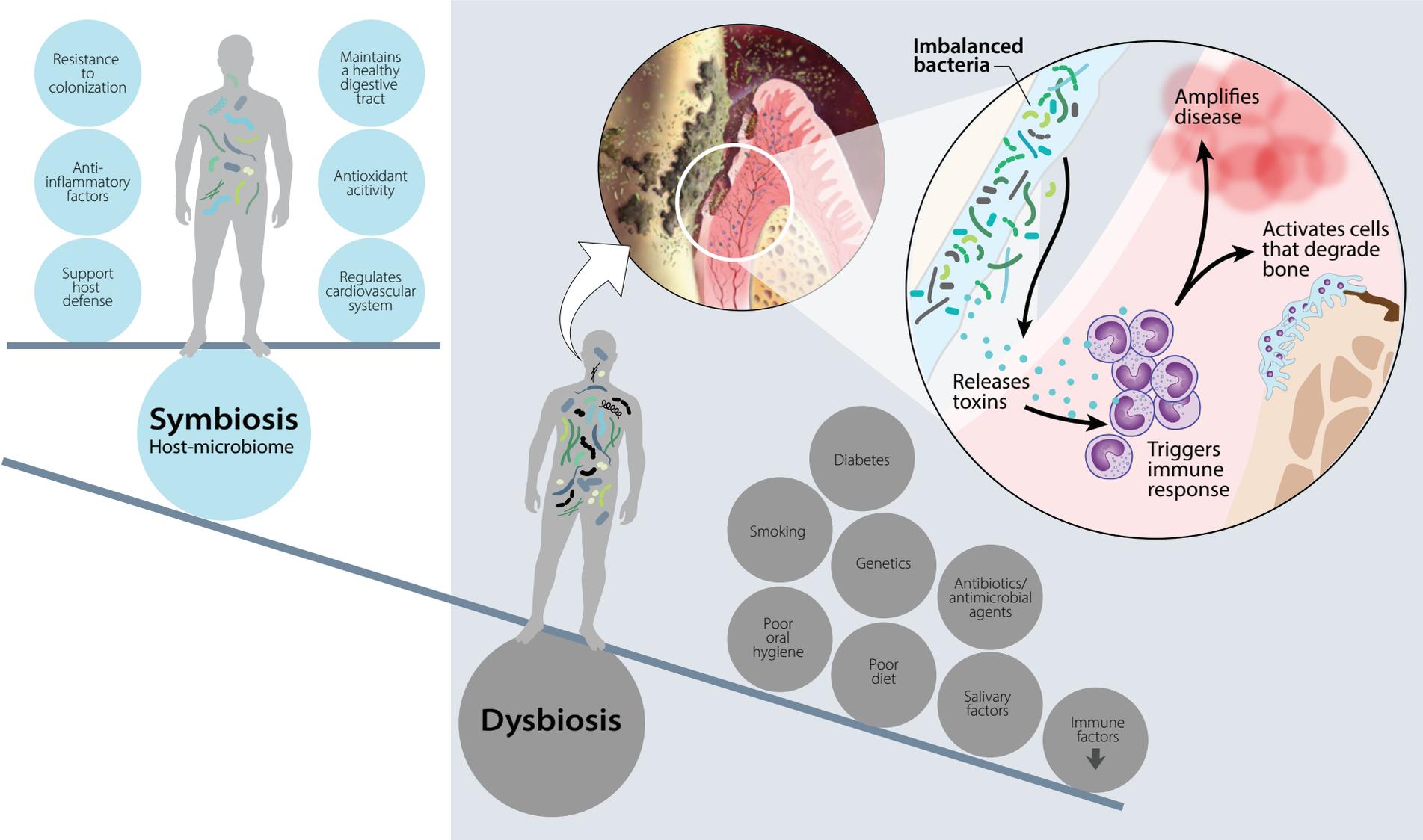
## Risk Indicators

History of severe periodontitis

Poor biofilm control

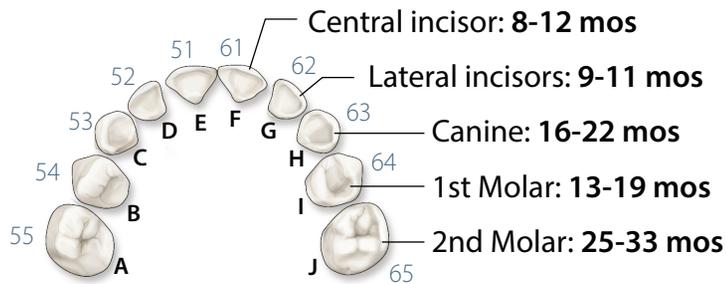
No regular maintenance care

# The Oral Microbiome: More than Meets the Eye



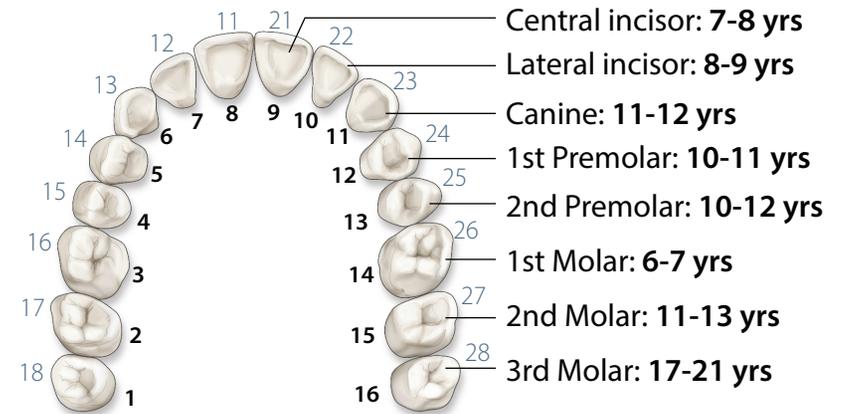
# Primary and Permanent Dentition

## Primary Eruption Dates

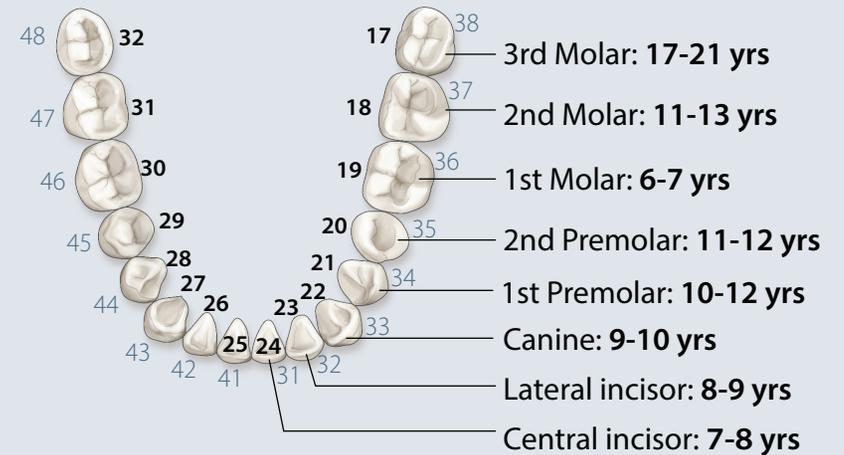
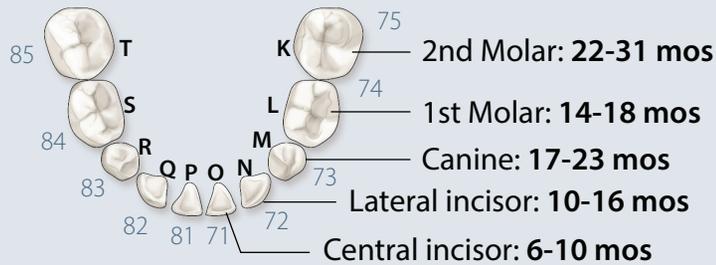


Maxillary

## Permanent Eruption Dates



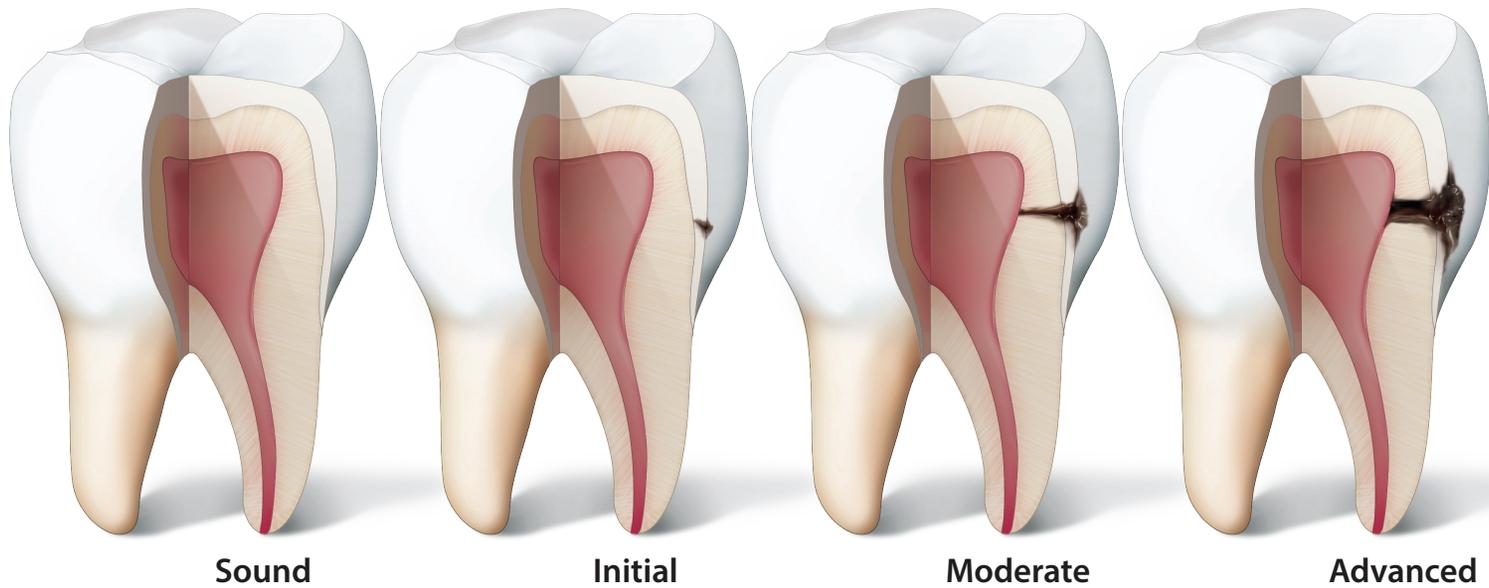
Mandibular



FDI International Numbering

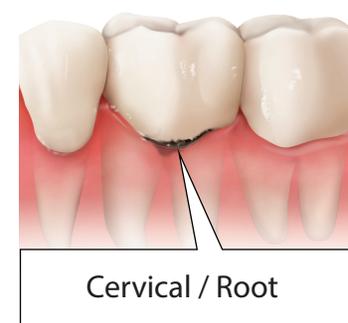
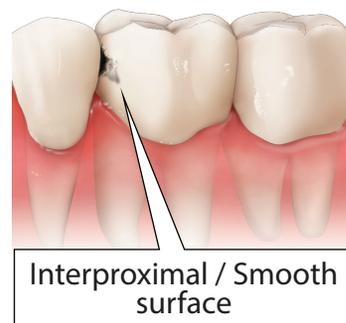
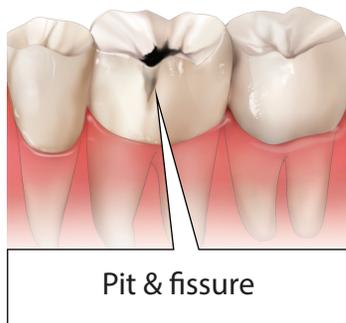
# Dental Decay

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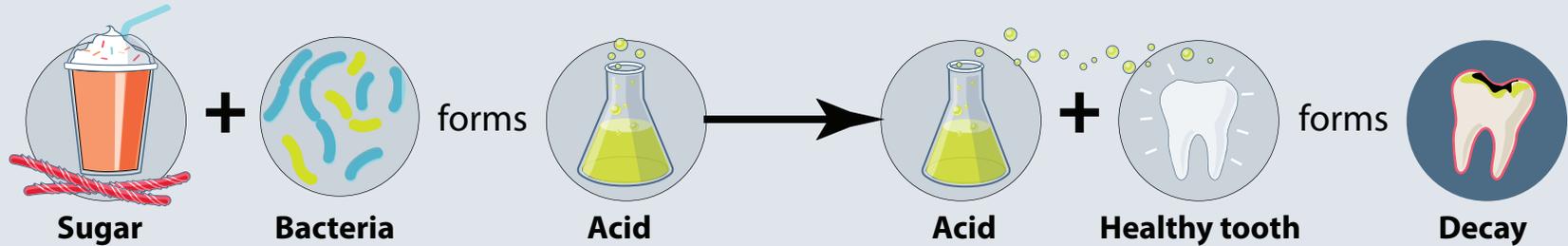


## Location of caries:

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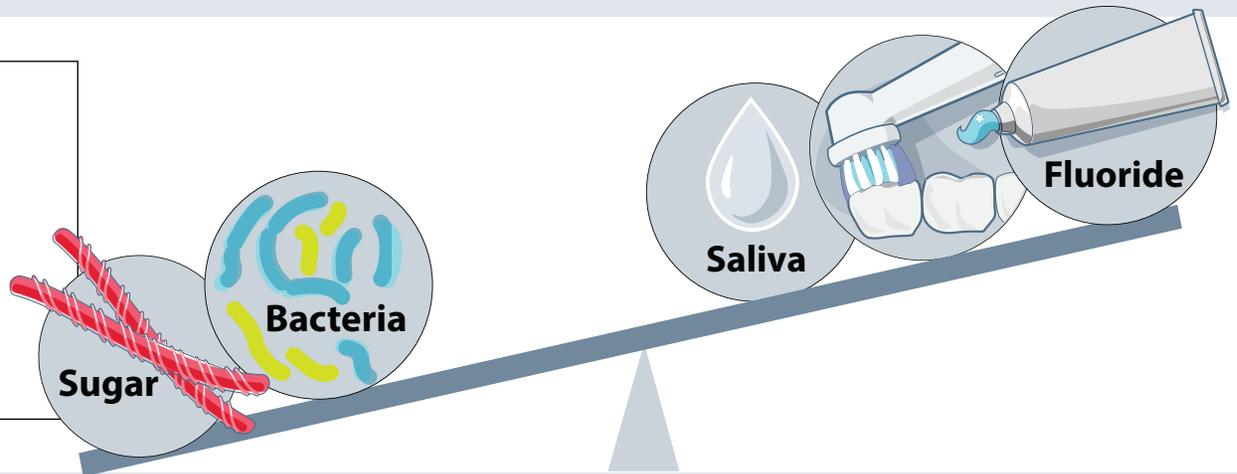


# Tips to Prevent Dental Decay



## Risk Factors

- Foods that cling to your teeth
- Frequent snacking or sipping
- Bedtime infant feeding
- Inadequate plaque removal
- Dry Mouth (mouth breather)
- Not getting enough fluoride
- Heartburn/GERD
- Eating Disorders
- Dexterity (young and old)



## Sealants:

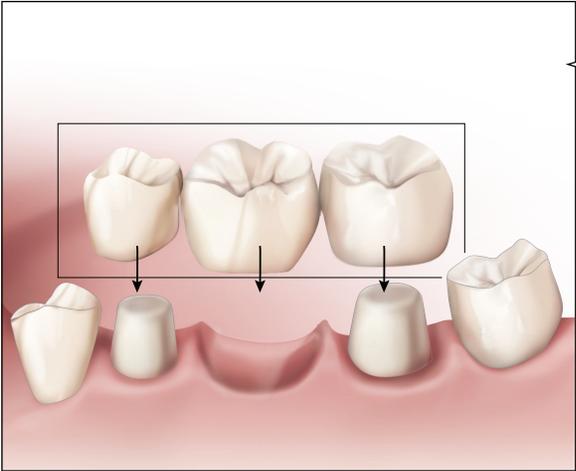


# Restorative Options

Filling



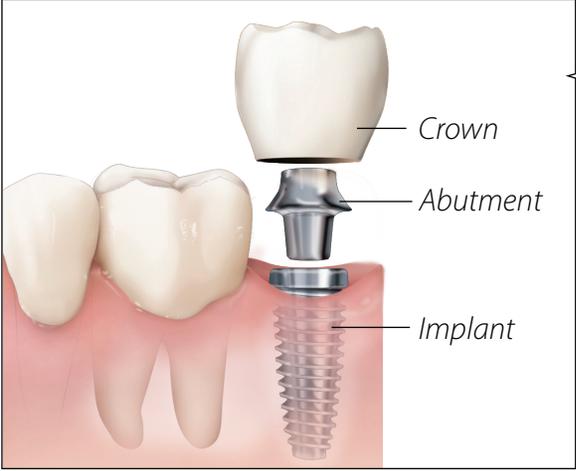
Bridge



Crown



Implant



# Erosive Tooth Wear

Healthy 
→
 Severe



**Teeth feature:**  
Natural contours with slight grooves & imperfections

Smooth & more translucent

Dull & concave areas begin to form

Yellow as underlying dentin begins to show

***Acid softened enamel is more susceptible to wear from physical abrasion and attrition.***

***Erosion is irreversible.***

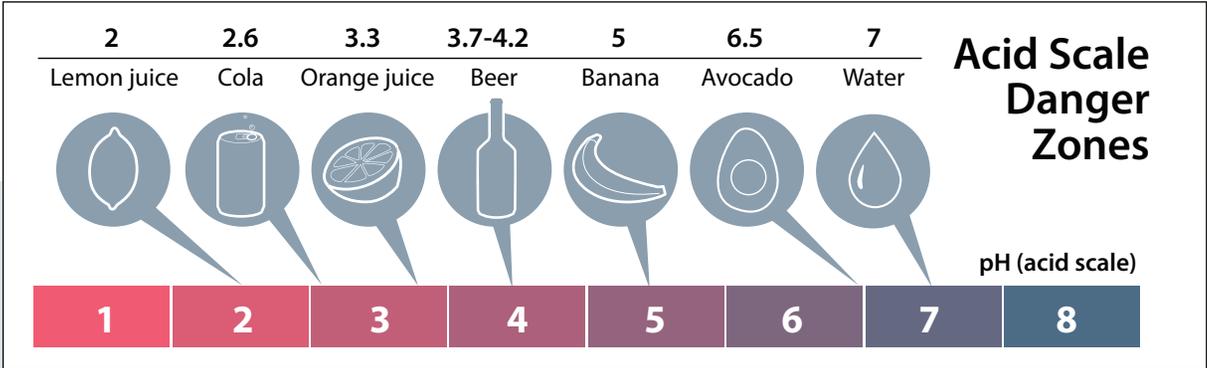
## General Guidelines for Management

Record Score for most SEVERE surface per sextant

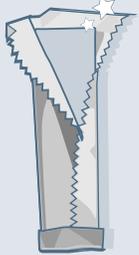
Cumulative score

<b>No ETW:</b> 0-2	No ETW	<ul style="list-style-type: none"> <li>• Routine maintenance and observation</li> <li>• Repeat at 3-year intervals</li> </ul>
<b>Low:</b> 3-8	Initial loss of surface texture	<ul style="list-style-type: none"> <li>• Oral hygiene, dietary assessment</li> <li>• Routine maintenance and observation</li> <li>• Repeat at 2-year intervals</li> </ul>
<b>Medium:</b> 9-13	Distinct defect; hard tissue loss involving <50% of the surface area	<ul style="list-style-type: none"> <li>• Oral hygiene, dietary assessment</li> <li>• Routine maintenance</li> <li>• Fluoride measures</li> <li>• Avoid restorations</li> <li>• Repeat at 6-12 month intervals</li> </ul>
<b>High:</b> ≥14	Hard tissue loss involving ≥50% of the surface area	<ul style="list-style-type: none"> <li>• Oral hygiene, dietary assessment</li> <li>• Routine maintenance</li> <li>• Fluoride measures</li> <li>• Repeat at 6-12 month intervals</li> <li>• Consider restorations</li> </ul>

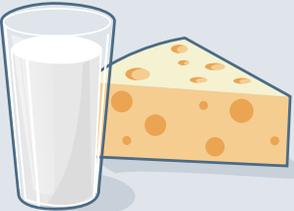
# Prevention and Management of Erosive Tooth Wear



Use a straw for acidic beverages



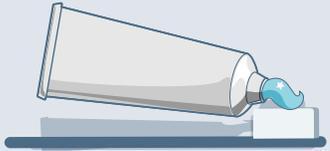
Chew sugarless gum



Dairy after acidic foods



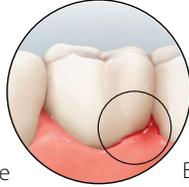
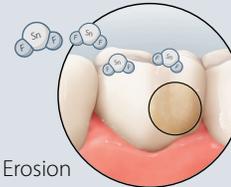
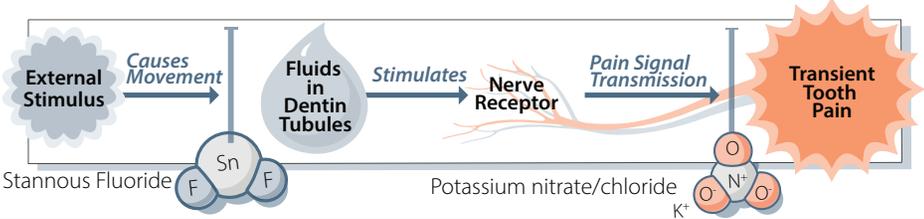
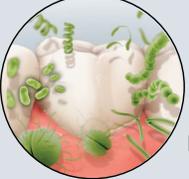
Drink water



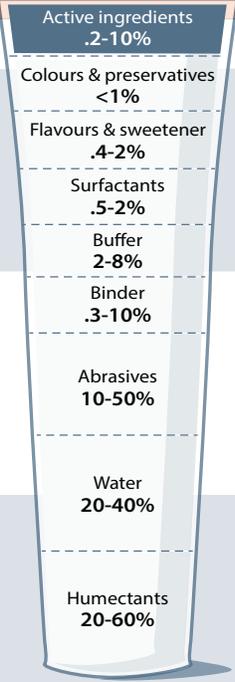
Brush with a protective toothpaste

*Stannous Fluoride is recognized as being more effective than Sodium Fluoride in the prevention of dental erosion.*

# Stannous Fluoride

Therapeutic Benefit	Active Ingredient	Mechanism of Action
Anticaries	<b>Stannous fluoride</b> Sodium fluoride Sodium mono-fluorophosphate Amine fluoride	Enhances Remineralization Inhibits Demineralization 
Reduces plaque Reduces bleeding	<b>Stannous fluoride</b> Chlorhexidine Cetylpyridinium chloride, Essential oils Sodium Bicarbonate	Bactericidal Bacteriostatic  
Prevents erosion	<b>Stannous fluoride</b> Sodium fluoride	Sodium Fluoride protects to pH <5.5 while Stannous protects against dietary acids in the enamel danger zone (pH <4.5)  Products (e.g., toothpastes or mouth rinses) containing <b>stannous fluoride</b> or stannous chloride have the potential to slow the progression of erosive tooth wear. <i>(European Fed of Conservative Dentistry)</i>
Reduces sensitivity	<b>Stannous fluoride</b> / chloride Potassium nitrate / chloride Strontium chloride / acetate Arginine plus calcium	
Reduces halitosis	<b>Stannous fluoride</b> / chloride Essential Oils Chlorine Dioxide	

**Patients are 3.7x more likely to transition to gingival health using a stabilized, bioavailable Stannous Fluoride toothpaste versus sodium fluoride or MFP<sup>1</sup>.**



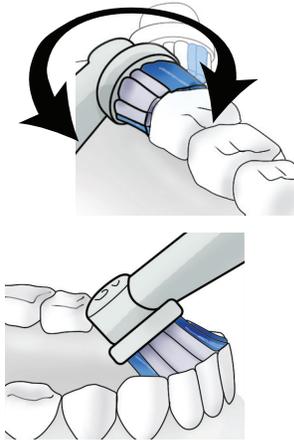
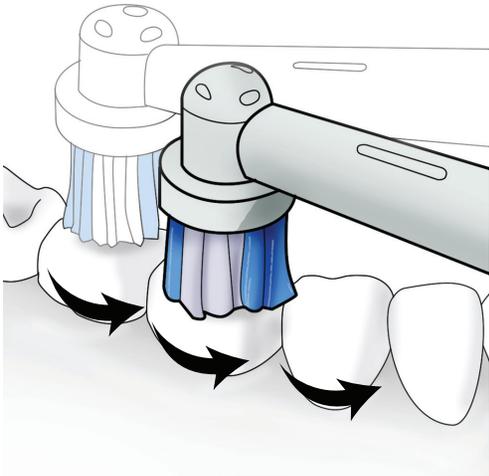
1. Biesbrock A, et al. The Effects of Bioavailable Gluconate Chelated Stannous Fluoride Dentifrice on Gingival Bleeding: Meta-Analysis of Eighteen Randomized Controlled Trials. J Clin Periodontol. 2019 Sep 28.

# Brushing Instructions

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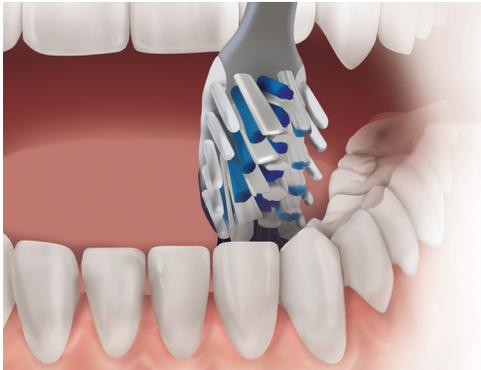
## Power

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## Manual

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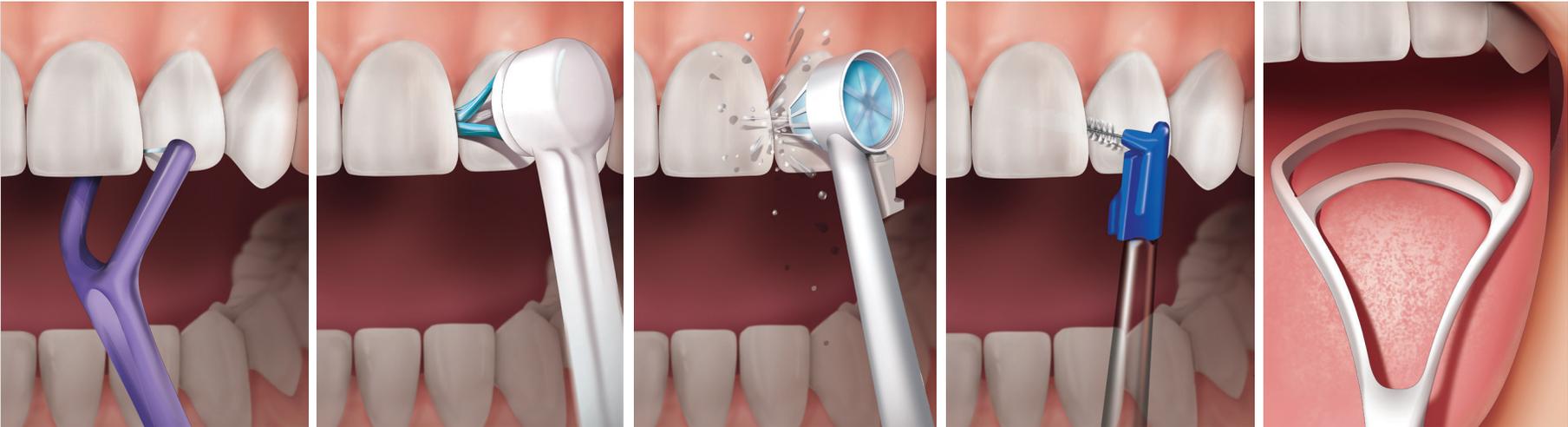


# Interdental Cleaning

## Flossing



## Other methods



Floss holder

Power interdental

Irrigator

Interdental brush

Tongue cleaner

# Tips for Orthodontic Patients



Improve Your Smile by Removing Plaque Effectively



Decalcification (or weakening) of enamel is caused by plaque around brackets and wires



# Denture Care



Denture(s) should be cleaned daily to remove food and debris with a soft brush, warm water and a denture cleaner.



## Adhesives

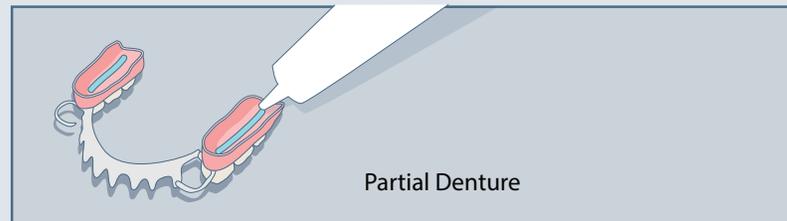
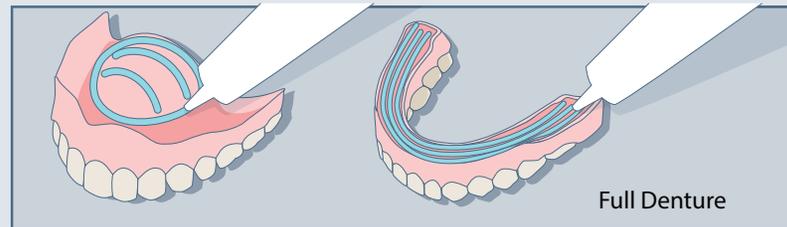
### **Biggest advantages for denture wearers:**

- Strong long-lasting hold
- Movement reductions
- Food seal



# Fixodent

Denture Adhesive Cream



dentalcare.ca

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