Classification of Periodontal and Peri-implant Diseases and Conditions

2.5 CE CREDIT HOURS

Course Author(s): Marianne Dryer, RDH, Med
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Conflict of Interest Disclosure Statement
- Ms. Dryer reports no conflicts of interest associated with this course. She has no relevant financial relationships to disclose.

Short Description
This course will examine the concepts of staging and grading to classify each patient by complexity of case management, likelihood of less predictable response to therapy, and potential for periodontitis development.

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Overview

The updated American Academy of Periodontology (AAP) classification system represents a multi-dimensional staging and grading framework for periodontitis and implant disease status. This course will examine the concepts of staging and grading to classify each patient by complexity of case management, likelihood of less predictable response to therapy and potential for periodontitis development.

The systemic connection as it relates to the grading portion of the classification system will be examined and its relationship to oral health/periodontal disease. Diagnosing, treatment planning and executing appropriate and necessary periodontal therapies will be reviewed utilizing case presentations. The need to have specific homecare recommendations according to the patient's oral health status will be discussed which brings opportunities for more case specific patient care. The need for calibration and clinician alignment with the new classification system will be discussed along with narrative examples for documentation recommendations.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Discuss staging/grading for periodontal disease and its evolution.
- Create evidence-based protocols for specific types of periodontal diseases according to the new classification system.
- Identify patients who may benefit from adjunctive strategies of disease management and overall reduction of bioburden.
- Illustrate the impact of acid on tooth wear and its amplification of tooth loss.
- Develop individualized homecare regimens utilizing staging and grading to motivate and encourage patients to improve their oral health.

Video: Classification of Periodontal and Peri-implant Diseases and Conditions

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Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: *www.dentalcare.com/en-us/ce-courses/ce681/test*

1. Which was NOT included as part of the 2018 AAP Classifications update?

    A. A recategorization of various forms of periodontitis

    B. The development of a novel staging and grading system for periodontitis

    C. An inaugural classification for peri-implant diseases and conditions

    D. Differentiation of CDT codes to align with the new system

2. The new classification, which introduces the concept of Staging, supports a multidimensional view of periodontitis. Which is NOT incorporated in Staging?

    A. Severity of the interdental bone loss

    B. Number of carious lesions

    C. Complexity of management of the patient's periodontal condition

    D. Tooth loss due to periodontitis

3. Grading incorporates the presence and control of risk factors such as smoking and diabetes. Direct or indirect evidence of bone loss clinically and/or radiographically is also incorporated into grading decisions.

    A. Both statements are true.

    B. Both statements are false.

    C. The first statement is true, and the second is false.

    D. The first statement is false, and the second is true.

4. When evaluating radiographs, the height of the bone apical to the CEJ in health and gingivitis is considered up to this amount?

    A. 0 mm

    B. 0.5 mm

    C. 1.0 mm

    D. 2.0 mm

5. Which of the following is true when using code D4346?

    A. Is used in the presence of clinical attachment loss.

    B. It can be used for any age.

    C. It can be reported the same day as 1110 code.

    D. It can be split into 2 appointments.

6. A patient classified as a Generalized Periodontitis Stage IV, Grade C would likely present with the following periodontal characteristics:

    A. CAL; 2mm, no teeth loss to perio, non-smoker

    B. CAL 6-7 mm, 5 teeth loss to perio, smokes 2 packs of cigarettes a day

    C. CAL; 3-4 mm, no teeth loss to perio, controlled type 2 diabetic

    D. CAL; 1 mm, one tooth lost to periodontal disease, non-smoker

7. Which of the following is NOT associated with the new Staging and Grading system?

    A. Clarify extent, severity, and complexity of the patient's condition

    B. Define potential rate of disease progression

    C. Predict response to standard therapies

    D. Eliminate the need for periodontal risk assessment

8. Which is NOT an effect of stannous fluoride on the soft tissue?

    A. inhibits plaque growth

    B. targets pathogenic red complex bacteria

    C. suppresses pathogen virulence

    D. increase metabolic production of bacteria

9. Which best describes the role of stannous fluoride in sensitivity relief?

    A. depolarizes the nerve

    B. occludes dentinal tubules

    C. repairs exposed dentin

    D. numbs the tooth

10. In order to Stage a periodontal patient, there needs to be evidence of clinical attachment loss as a result of which of the following?

A. periodontal abscess

B. mucogingival deformities

C. bacterial inflammation

D. traumatic occlusive forces

11. According to the 2018 classification of peri-implant disease, when a dental implant has inflammation with no attachment loss, this would be considered?

A. peri-implant gingivitis

B. peri-implant mucositis

C. peri-implantitis

D. peri-implant soft tissue deficiency

12. Which best describes the range of bone loss in Stage II periodontal disease?

A. <15%

B. 15-33%

C. 15-50%

D. > 50%

13. Which is NOT used to differentiate Stage III and Stage IV periodontal disease?

A. Interdental CAL > 5mm

B. Tooth loss due to periodontal disease >5

C. Flaring ridge defects

D. Bite collapse

14. When evaluating a new patient it is best to use which type of evidence to determine their Grade?

A. direct

B. indirect

C. self reported

D. % bleeding sites

15. What is the CAL (clinical attachment level) for a patient that has a 4mm probing on the direct buccal of #19 with 2mm of recession.

A. 2mm

B. 4mm

C. 6mm

D. cannot determine given the information

16. When evaluating indirect evidence in regard to case phenotype. A patient with heavy plaque, heavy calculus biofilm, but low levels of destruction would fall into which Grade?

A. Grade A

B. Grade B

C. Grade C

D. Grade D

17. When Staging a patient, it is important to consider which of the following?

A. area of greatest destruction

B. recession

C. smoking

D. mobility

18. Bleeding on probing is the primary parameter to set thresholds for gingivitis. If a patient presents with less than 10% bleeding sites, they are considered to have incipient gingivitis.

A. Both statements are true.

B. Both statements are false.

C. The first statement is true, and the second is false.

D. The first statement is false, and the second is true.

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Additional Resources
- 2017 Classification of Periodontal and Peri-implant Diseases and Conditions
- ADA - Evidence-based databases
- ADA. Policy on Evidence-Based Dentistry
- Bonebox Lite Anatomy APP
- AAP -2017 Classification of Periodontal and Peri-implant Diseases and Conditions Codeology
- IFDH Oral Hygiene Instruction Practices Survey
- 2017 World Workshop on Disease Classification - FAQs
- Waterpik Risk Based Periodontal Therapy
- Clinical Applications for the 2018 Classification of Peri-implant Diseases and Conditions
- Journal of Periodontology: Volume 89, Issue S1
- American Academy of Periodontology - Staging and Grading Periodontitis PDF
- Point-of-Care Periodontitis Testing: Biomarkers, Current Technologies, and Perspectives

About the Author

Marianne Dryer, RDH, Med

Marianne Dryer is a dynamic speaker, educator and corporate consultant in curriculum development. She has lectured nationally and internationally on periodontal instrumentation with a focus on ultrasonic technique, risk assessment, infection prevention and radiology technique. Marianne's experience in dentistry spans over 30 years. She is a graduate of Forsyth School for Dental Hygienists, Old Dominion University and received her Master's in Education from St Joseph's College of Maine. Marianne was the first year coordinator at Collin College in Dallas Texas for six years where she was selected for the Outstanding Faculty Award and was nominated for the Advisor of the Year. She has been a faculty member at Cape Cod Community College since 2007, and Program Director since 2019. She has been a strong advocate for introducing ultrasonic instrumentation into dental hygiene curriculums earlier and with more structured, foundational content.

Email: mdryer@capecod.edu