

## Patient Consultation Guide



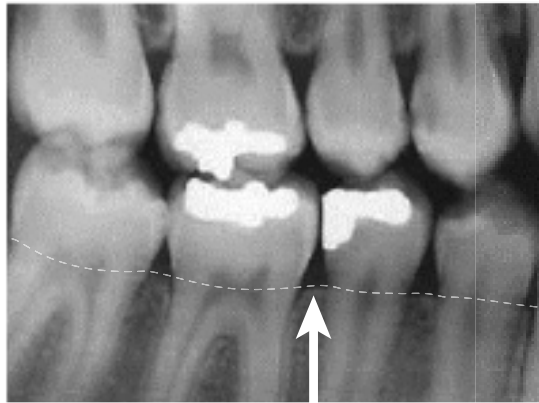
**P&G** Professional Oral Health

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## Gingival Health



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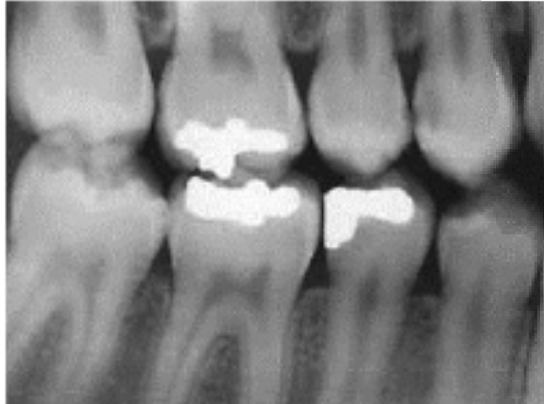


# Gingival Health

Clinical Gingival Health on an Intact Periodontium	Clinical Gingival Health on a Reduced Periodontium: Stable Periodontitis Patient	Clinical Gingival Health on a Reduced Periodontium: Non-Periodontitis Patient (ie. recession; crown lengthening, etc.)
<b>Clinical Characteristics</b>		
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



*Pigmented gingiva*

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# Gingivitis

Gingivitis Intact Periodontium	Gingivitis with Reduced Periodontium Stable Periodontitis Patient	Gingivitis with Reduced Periodontium Non-Periodontitis Patient ie. recession; crown lengthening, etc)
Clinical Characteristics		
BOP $\geq 10\%$ PD 0-3 mm CAL – none RBL – none	BOP $\geq 10\%$ PD $\leq 3\text{mm}$ CAL – yes RBL – yes	BOP $\geq 10\%$ PD $\leq 3\text{mm}$ CAL – yes RBL – possible



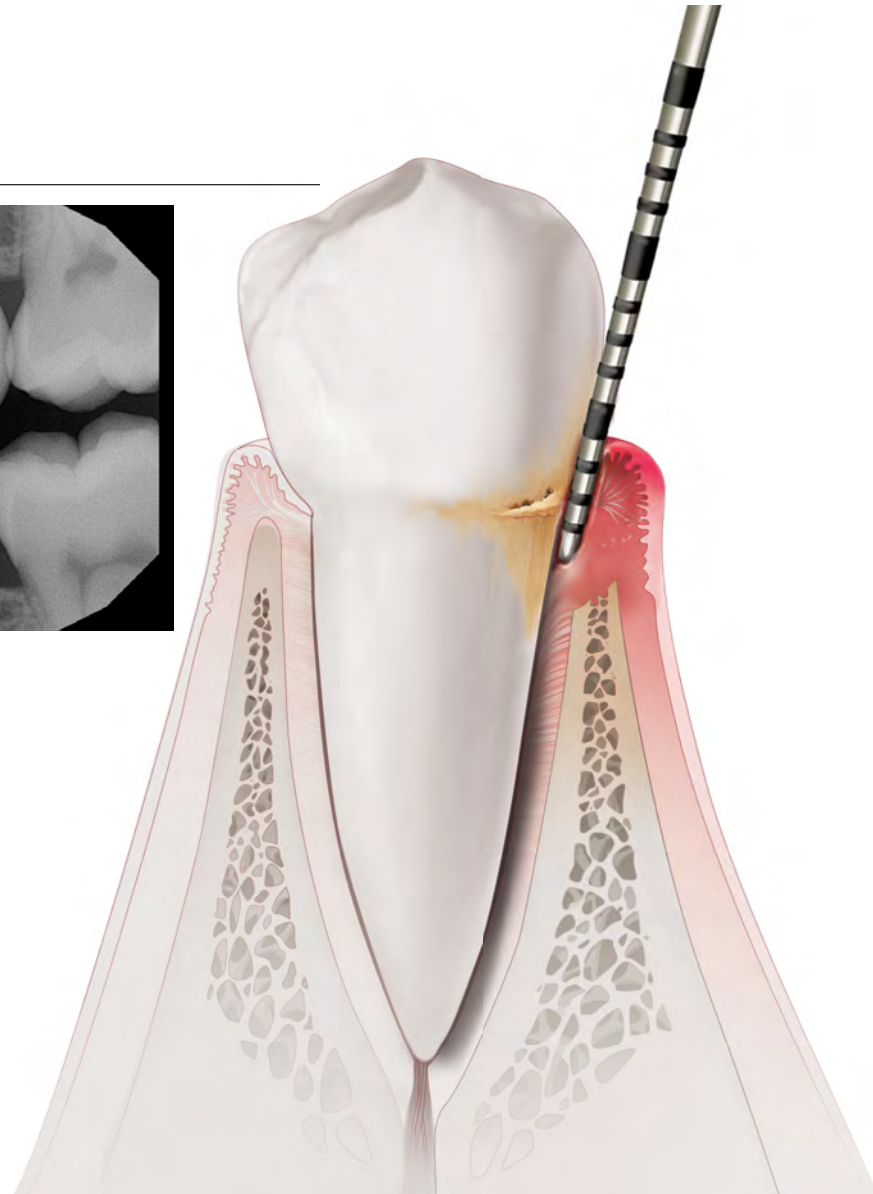
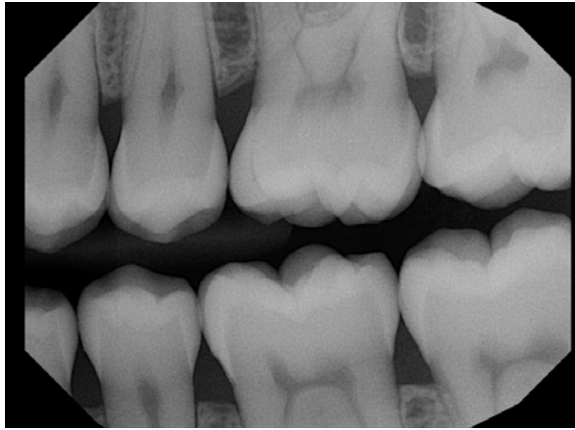
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## Periodontitis **Stage I**

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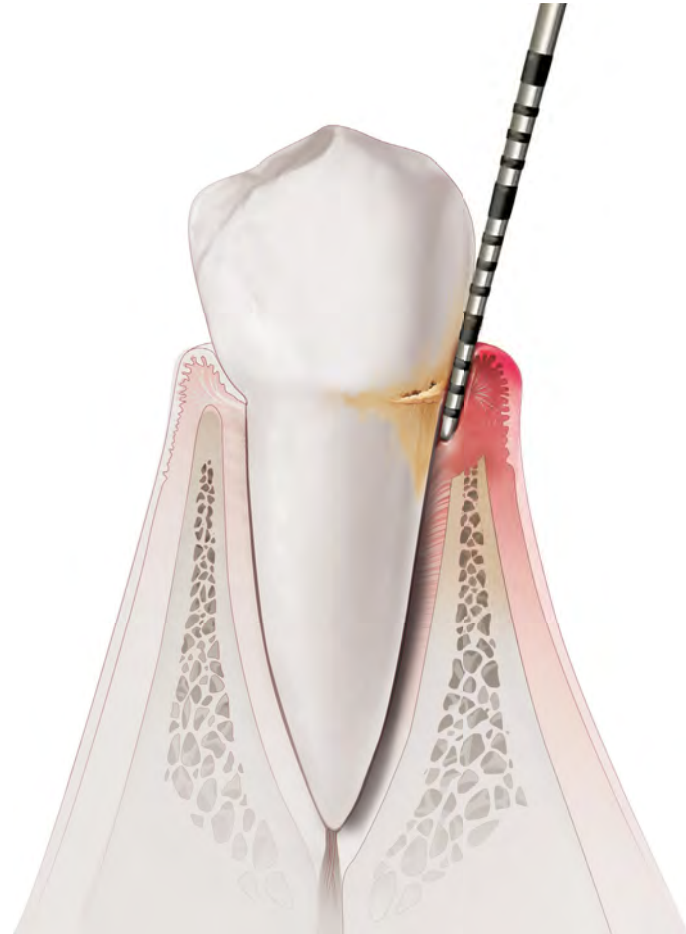
# Periodontitis **Stage I**

## Clinical Characteristics

BOP – yes (>10%)  
PD ≤ 4 mm  
CAL 1-2 mm  
RBL < 15% Coronal third, mostly horizontal  
No tooth loss due to Periodontitis

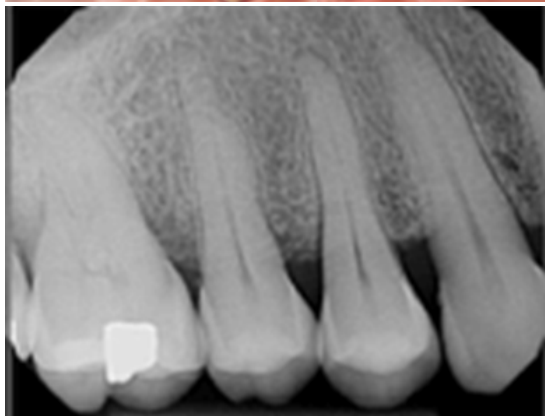
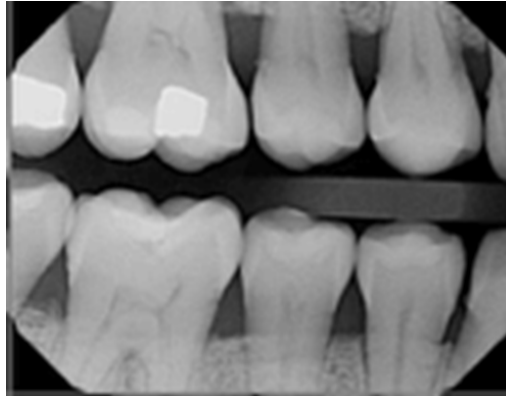
### Extent & Distribution:

For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern.



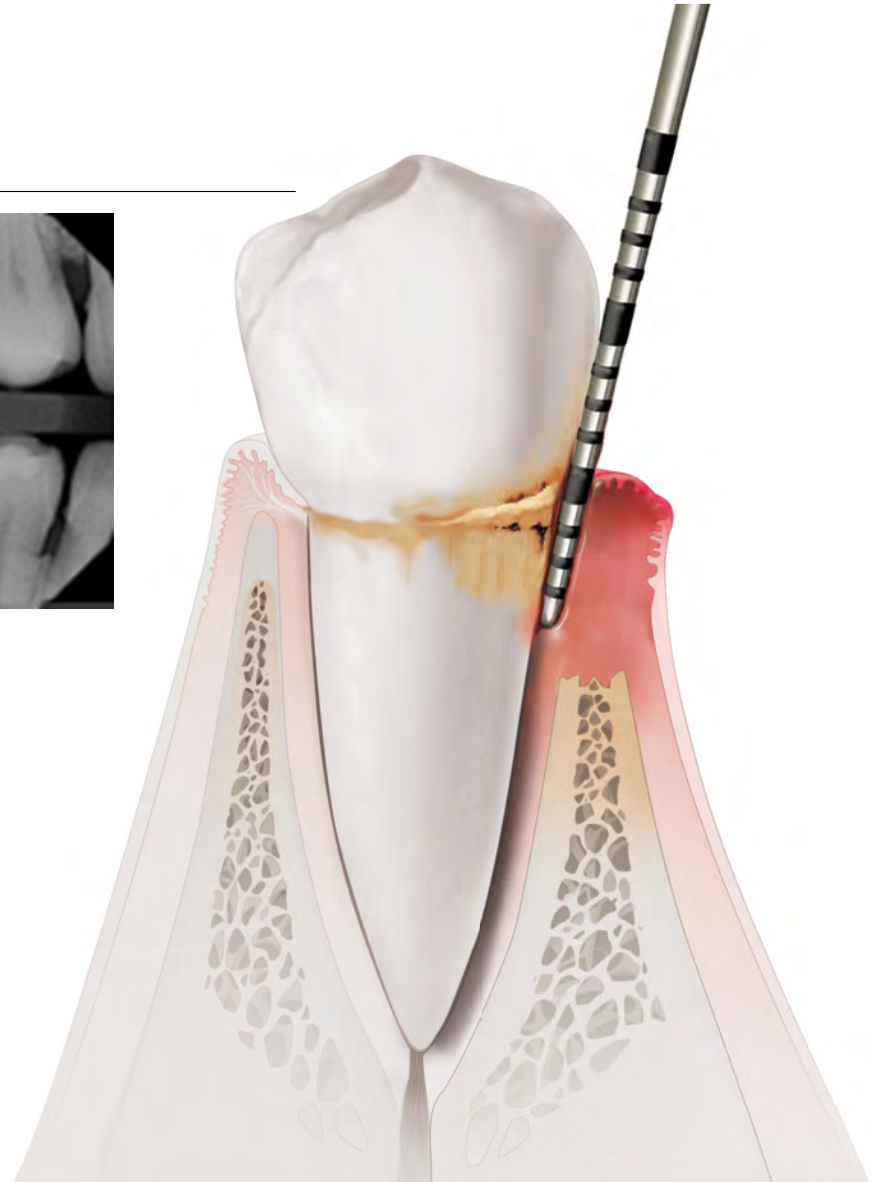
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## Periodontitis **Stage II**



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# Periodontitis **Stage II**

## Clinical Characteristics

BOP – yes  
PD  $\leq$  5 mm  
CAL 3-4 mm  
RBL – 15%-33%, mostly horizontal  
No tooth loss due to Periodontitis

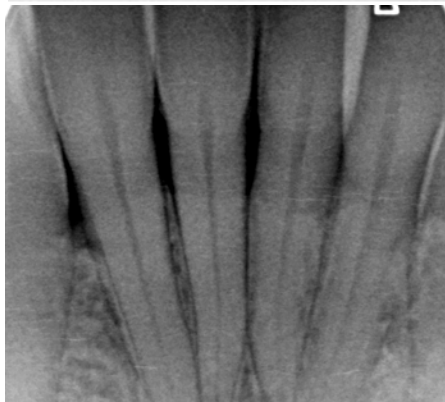
### Extent & Distribution:

For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern.

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## Periodontitis **Stage III**



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# Periodontitis **Stage III**

## **Clinical Characteristics**

BOP – yes  
PD  $\geq 6$  mm  
CAL  $\geq 5$  mm  
RBL extending mid-third of root and beyond  
 $\geq 3$ mm vertical bone loss  
Tooth loss due to Periodontitis  $\leq 4$  teeth  
Furcation involvement – Class II or III  
Moderate ridge defect

### **Extent & Distribution:**

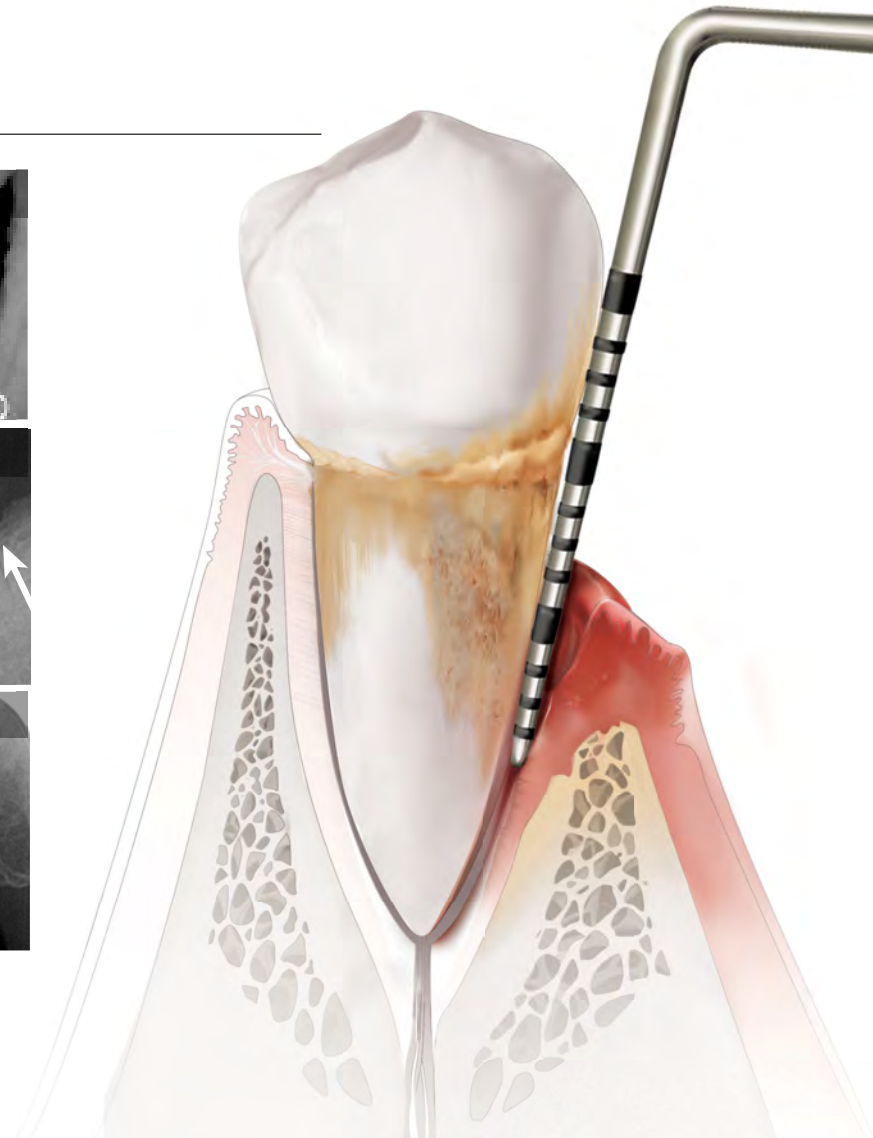
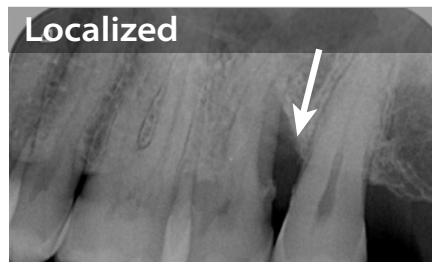
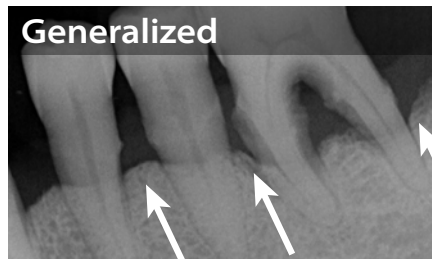
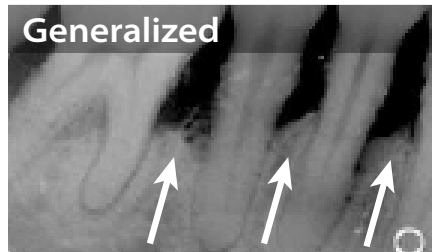
For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern.



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## Periodontitis **Stage IV**



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# Periodontitis **Stage IV**

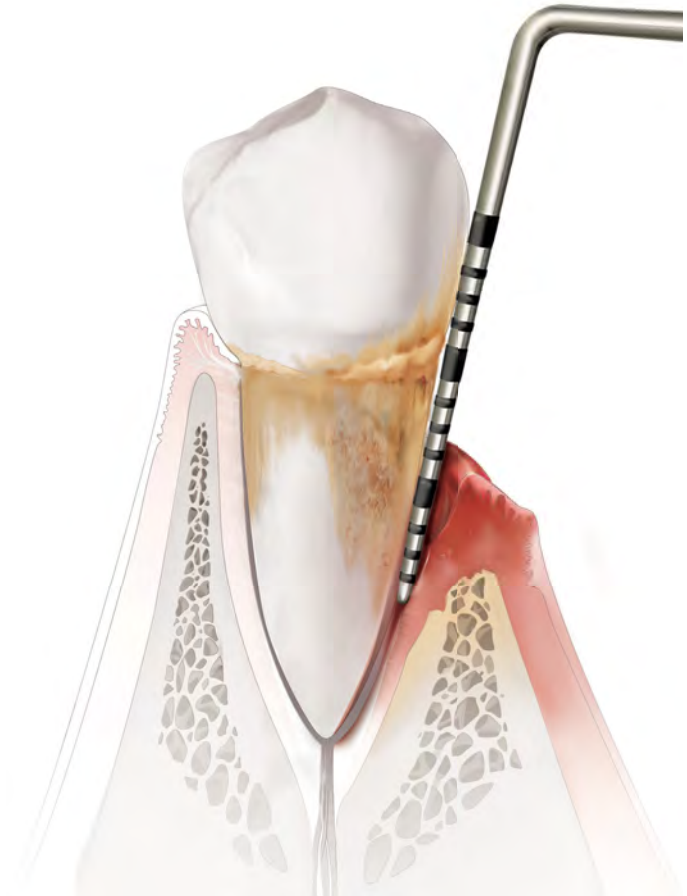
## Clinical Characteristics

BOP – yes  
PD  $\geq$  6 mm  
CAL  $\geq$  5 mm  
RBL extending to mid-third of root and beyond  
 $\geq$  3mm vertical bone loss  
Tooth loss due to periodontitis  $\geq$  5 teeth  
Furcation involvement = Class II or III  
Moderate ridge defect  
Need for complex rehabilitation

## Extent & Distribution:

For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern.

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# 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	For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern			

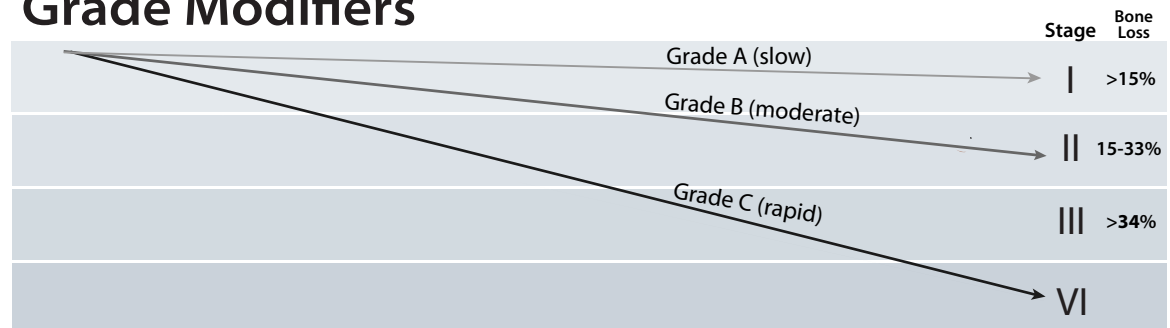
# Grade Determination

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
<b>Primary criteria</b>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥10 mm over 5 years
<i>Whenever available, direct evidence should be used</i>	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	> 1.0
		Case phenotype	Heavy biofilm deposititis with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
<b>Grade modifiers</b>	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic / no diagnosis of diabetes	HbA1c<7.0% in patients with diabetes	HbA1c≥7.0% in patients with diabetes



Bone Loss below CEJ Parameters	
Health	1.5-2mm
Slight Bone Loss	3mm
Moderate Bone Loss	4-5mm
Severe & Advanced Bone Loss	>5mm

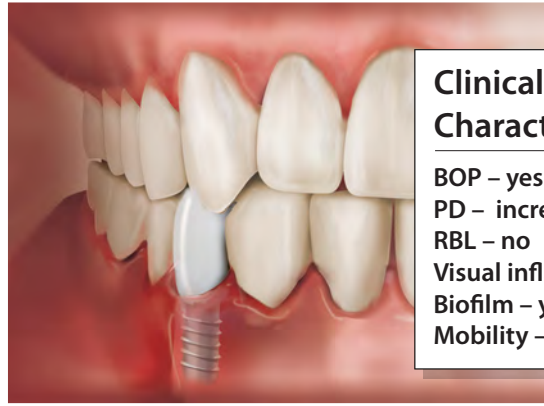
## Grade Modifiers



\*Tables from Tonetti, Greenwell, Kornman. J Periodontol 2018;89 (Suppl 1): S159-S172.

\*\*Maycher G. Technically Speaking: Tips for Implementing the 2018 AAP Periodontal Classification (Part 14) [Internet]. Oral Health; 2022 Mar 18 [cited 2025 Jan 31]. Available from: <https://www.oralhealthgroup.com/features/technically-speaking-tips-for-implementing-the-2018-aap-periodontal-classification-part-14/>

# Peri-implant Mucositis and Peri-implantitis



## Clinical Characteristics

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



## 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



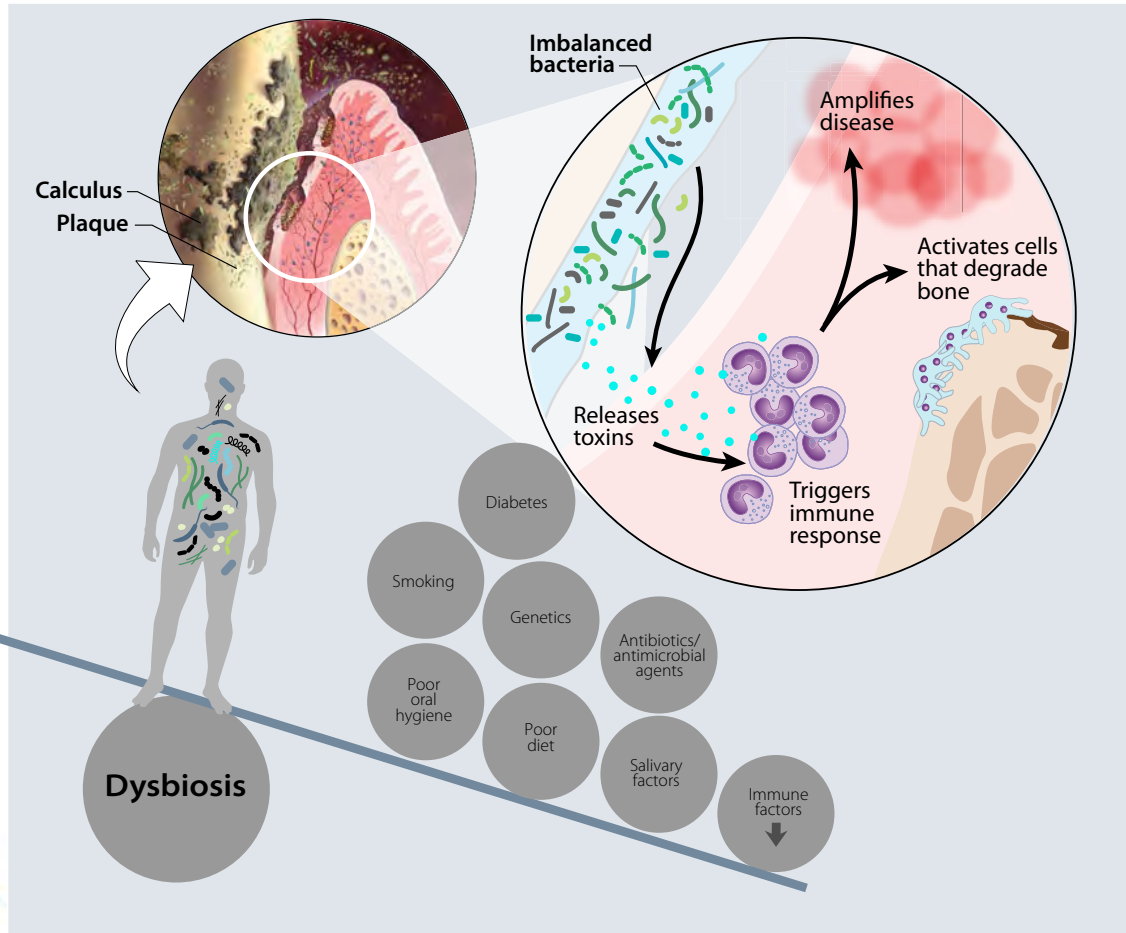
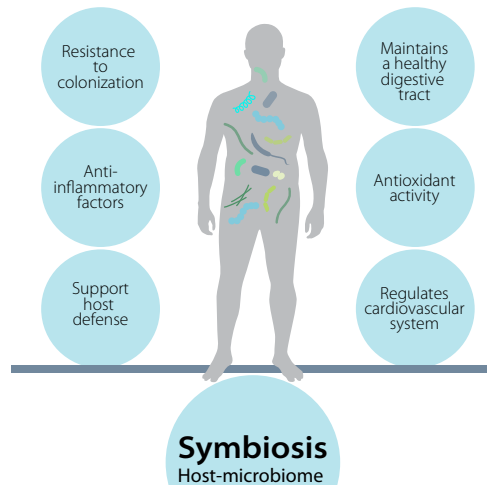
## Risk Indicators

History of severe periodontitis  
Poor biofilm control  
No regular maintenance care

## 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	Peri-Implant soft & hard tissue deficiencies
		Tooth & Prostheses-related factors	

# The Oral Microbiome: More than Meets the Eye

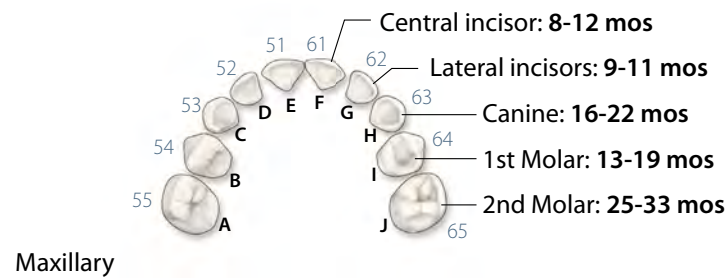


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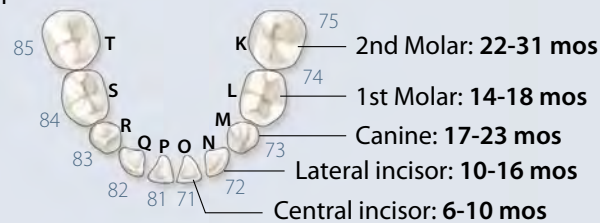


# Primary and Permanent Dentition

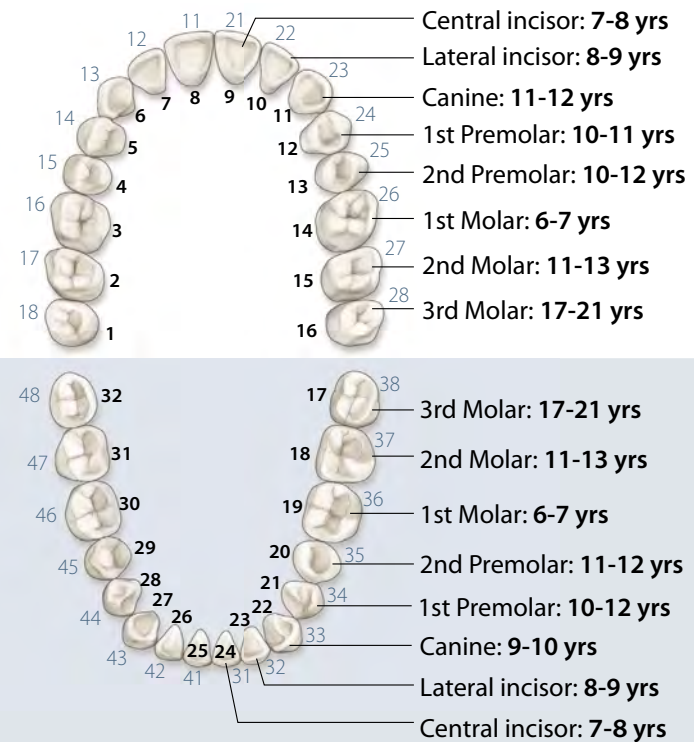
## Primary Eruption Dates



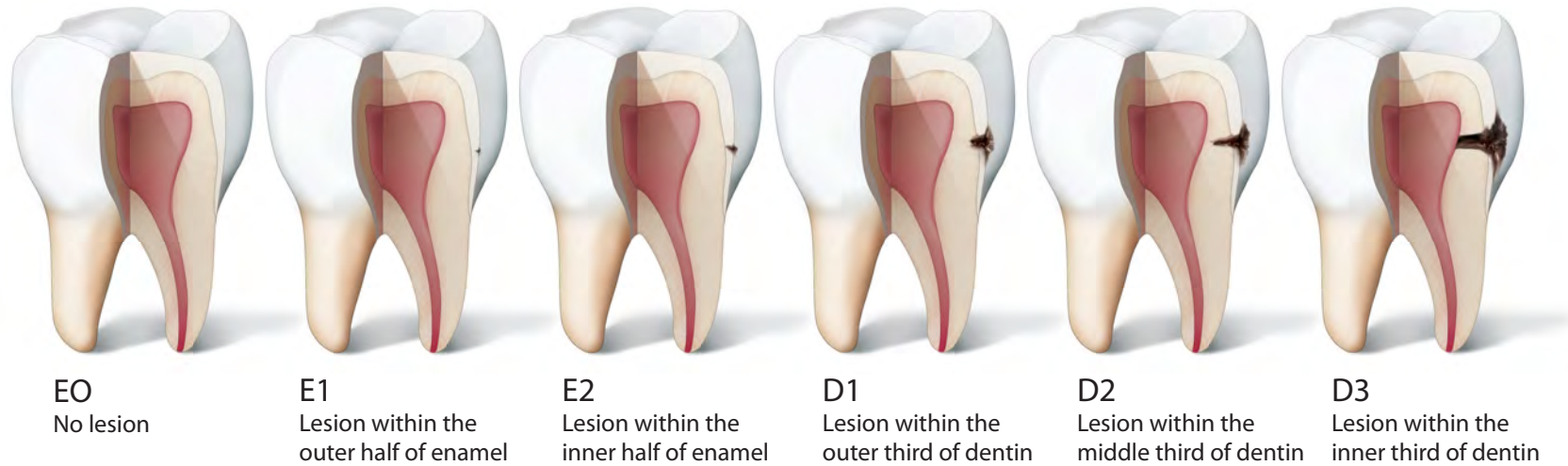
## Mandibular



## Permanent Eruption Dates



# Dental Decay



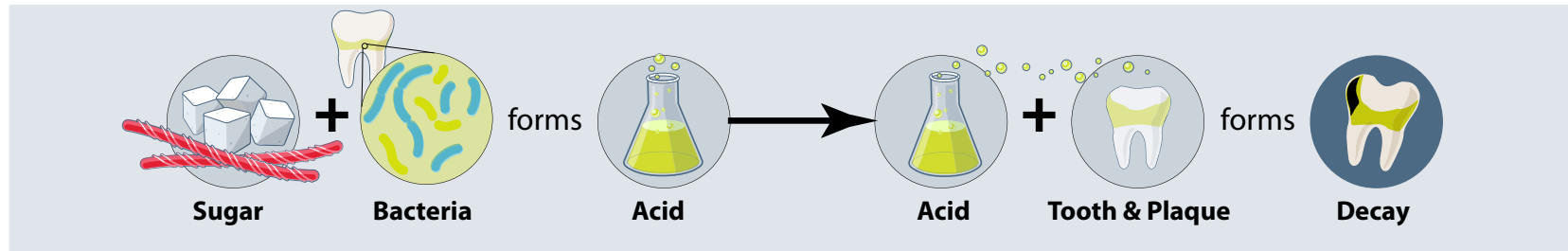
## Location of caries:



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Anusavice KJ. Present and future approaches for the control of caries. J Dent Educ. 2005 May;69(5):538-54. PMID: 15897335.

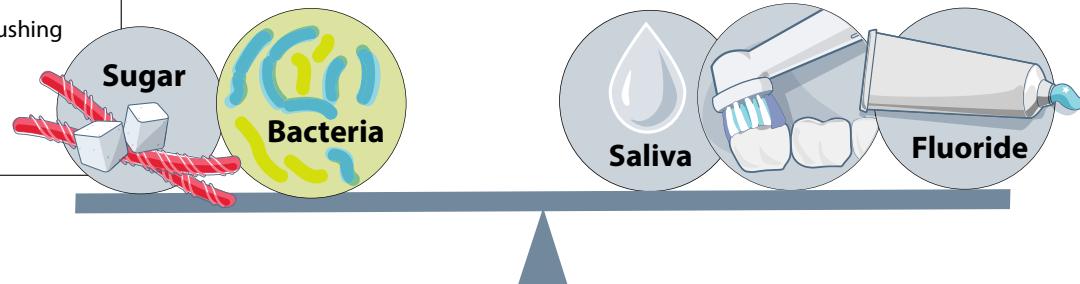
# Tips to Prevent Dental Decay



## Risk Factors

- Sugary foods that cling to your teeth
- Frequent snacking or sipping
- Bottle to Bed /Feeding after final brushing
- Reduced or poor manual dexterity
- Dry Mouth
- Not getting enough fluoride
- Dexterity (young and old)

## Balance risk factors with prevention



Decalcification (or weakening) of enamel is the early sign of tooth decay. Reduce sugars and increase fluoride.

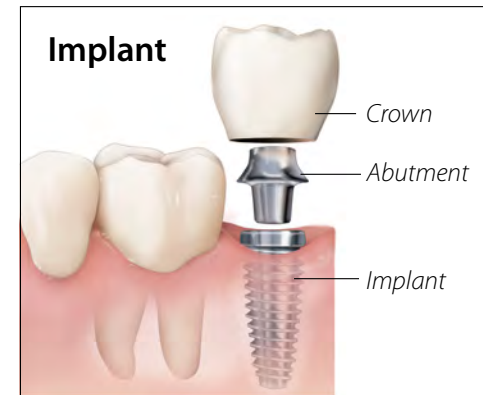
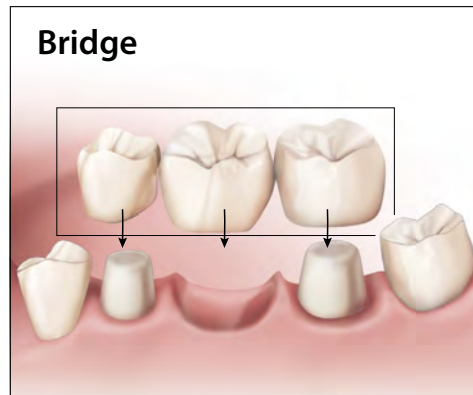
## Pit & Fissure Sealants:



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# Restorative Options



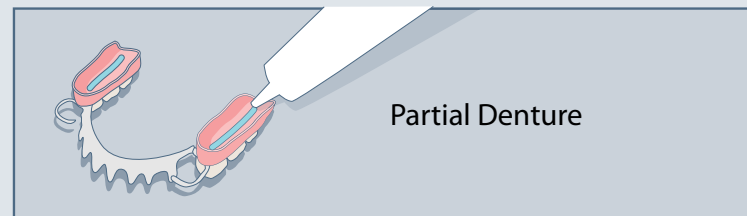
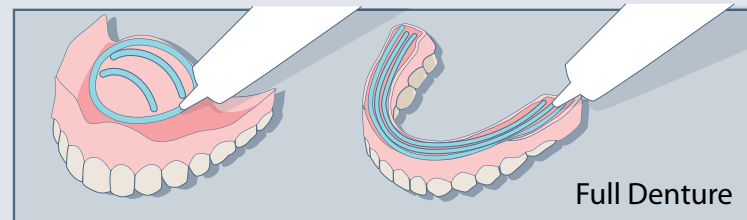
# Restorative Options



## Adhesives

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

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




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# Erosive Tooth Wear

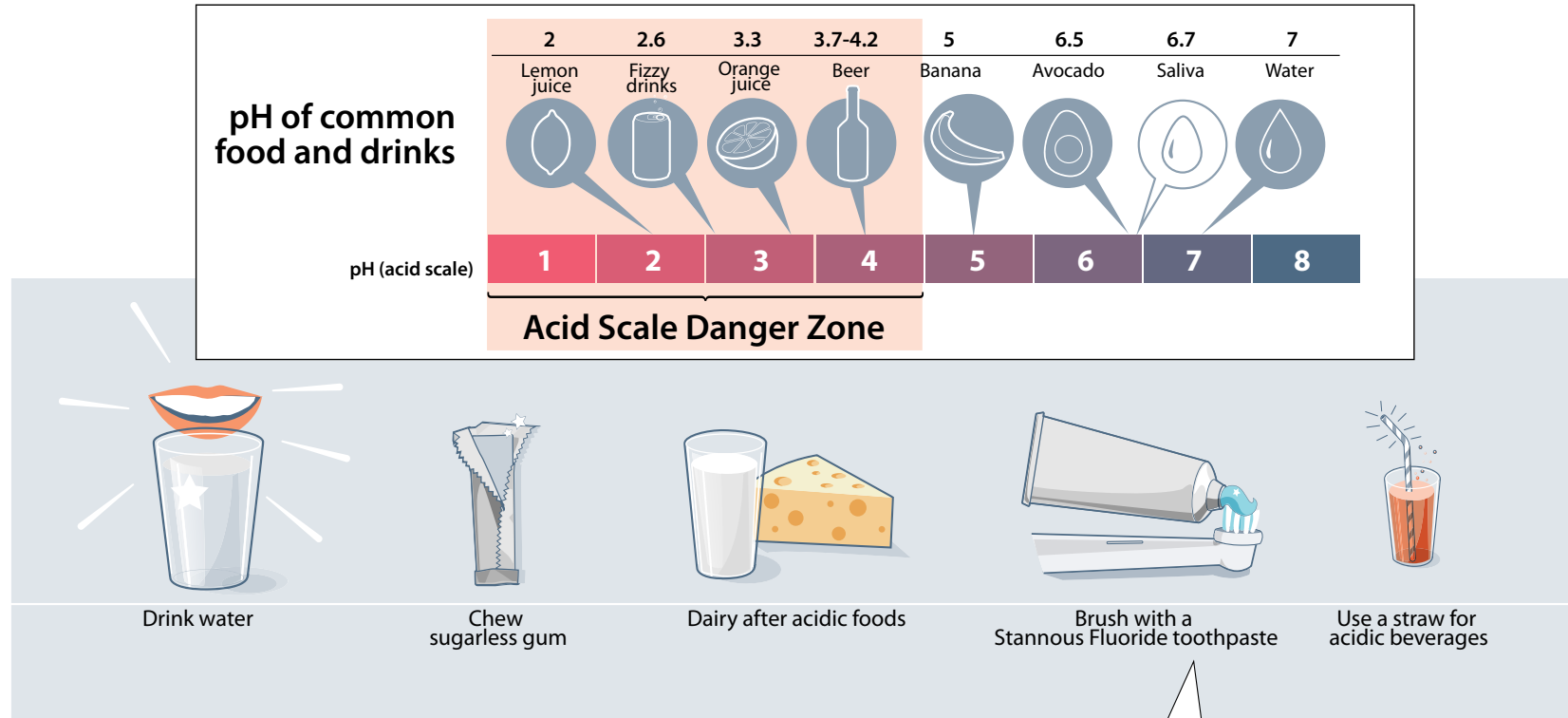
Healthy		Severe	
			
			
<b>Teeth feature:</b>	Natural contours with slight grooves & imperfections	Smooth & more translucent along the gumline	Dull & concave areas begin to form
<b>Assessment:</b>	<b>BEWE 0</b> (Basic Erosive Tooth Wear Exam) No erosive tooth wear	<b>BEWE 1</b> Initial loss of surface texture	<b>BEWE 2</b> Hard tissue loss involving <50% surface area
			<b>BEWE 3</b> Hard tissue loss involving ≥50% surface area

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

**Erosion is irreversible.**

Bartlett, D., Ganss, C. & Lussi, A. Basic Erosive Wear Examination (BEWE): a new scoring system for scientific and clinical needs. Clin Oral Invest 12, 65–68 (2008). <https://doi.org/10.1007/s00784-007-0181-5>

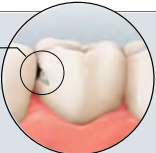
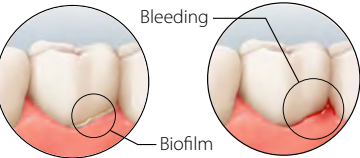
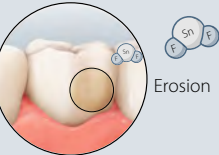

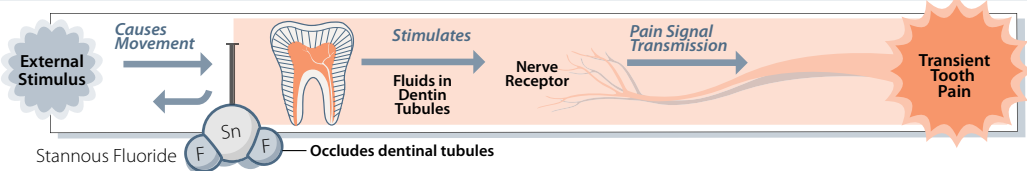

# Prevention and Management of Erosive Tooth Wear



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

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# Stannous Fluoride

Therapeutic Benefit	Mechanism of Action
<b>Anticaries</b> 	Enhances Remineralization Inhibits Demineralization
<b>Gingivitis</b> 	Reduces biofilm Reduces bleeding gums <div data-bbox="1199 574 1793 732" style="border: 1px solid black; padding: 5px;"> <i>Patients are 3.7x more likely to transition to gingival health using a stabilized, bioavailable Stannous Fluoride toothpaste versus sodium fluoride or MFP1.<sup>1</sup></i> </div>
<b>Prevents erosion</b> 	Has the potential for slowing the progression of erosive tooth wear <i>(European Fed of Conservative Dentistry)</i> Stannous Fluoride <div data-bbox="1325 753 1688 894" style="border: 1px solid black; padding: 5px;">             Sodium Fluoride protects to pH &lt;5.5 while Stannous protects against dietary acids in the enamel danger zone           </div>
<b>Reduces sensitivity</b> 	
<b>Reduces halitosis</b> 	

# Brushing Instructions

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## Power



## Manual

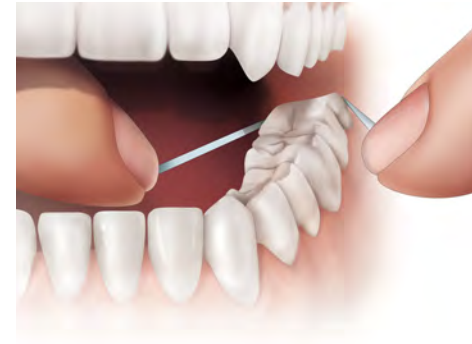
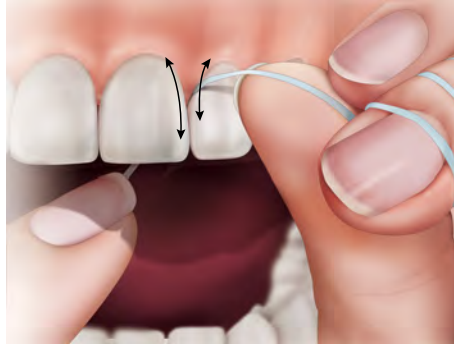


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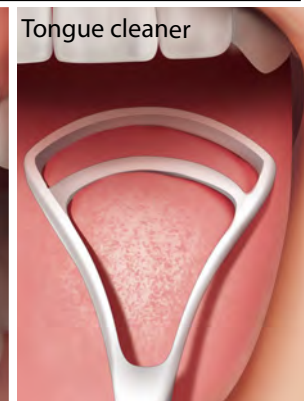
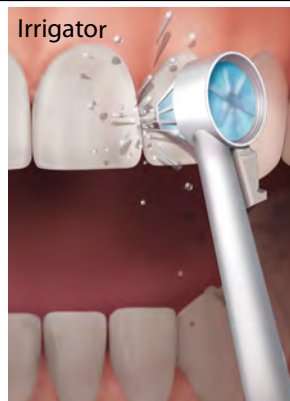
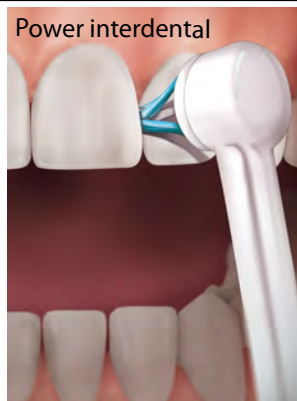
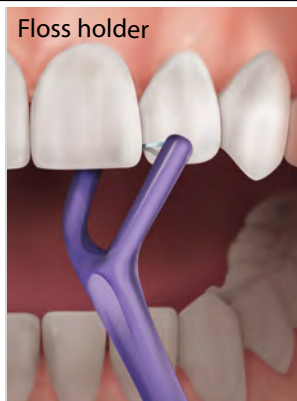


# Interdental Cleaning

## Flossing



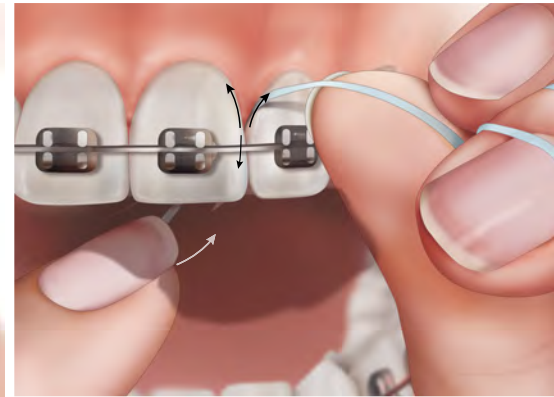
## Other methods



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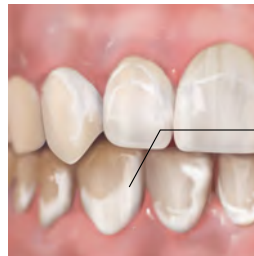


## Tips for Orthodontic Patients

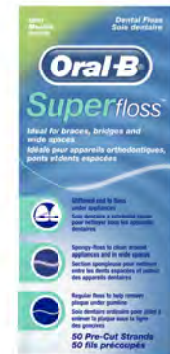


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Improve Your Smile by Removing Plaque Effectively



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





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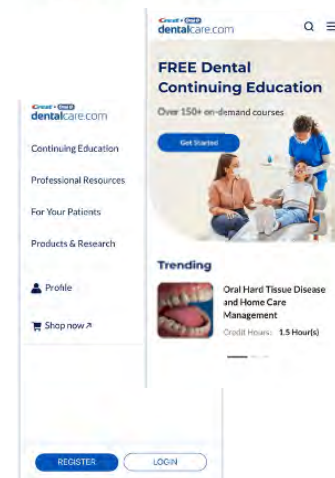


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