

Patient Consultation Guide



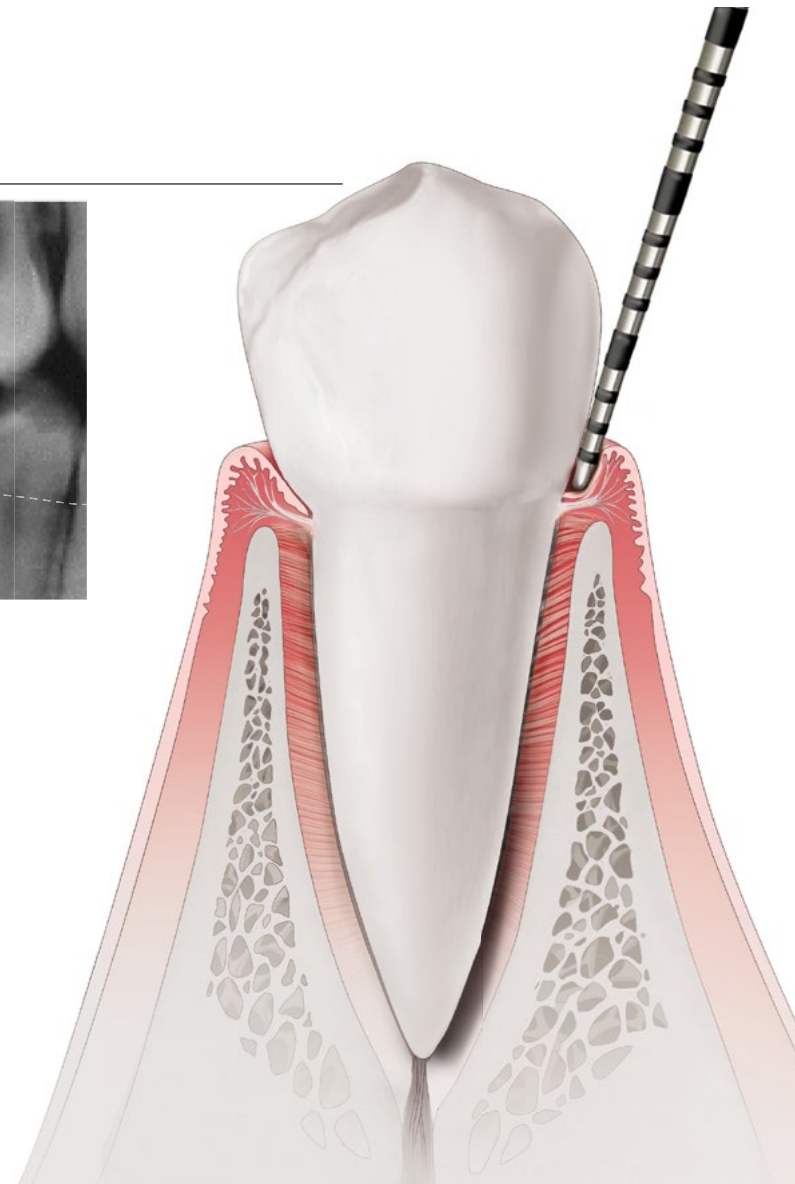
P&G Professional Oral Health

Crest + **Oral-B**

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Contents

Gingival Health



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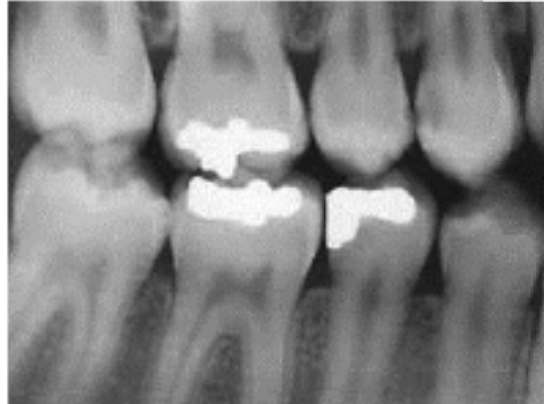
Gingival Health

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.)
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

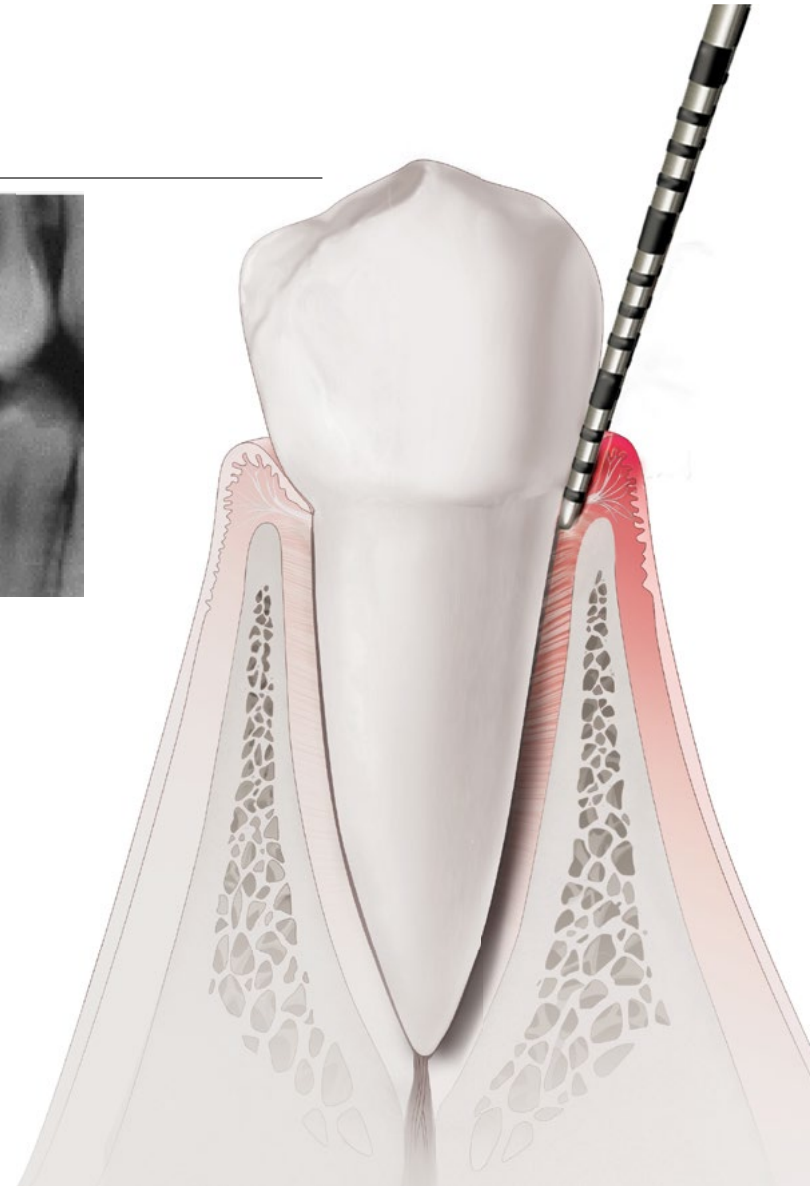


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Gingivitis



Pigmented gingiva



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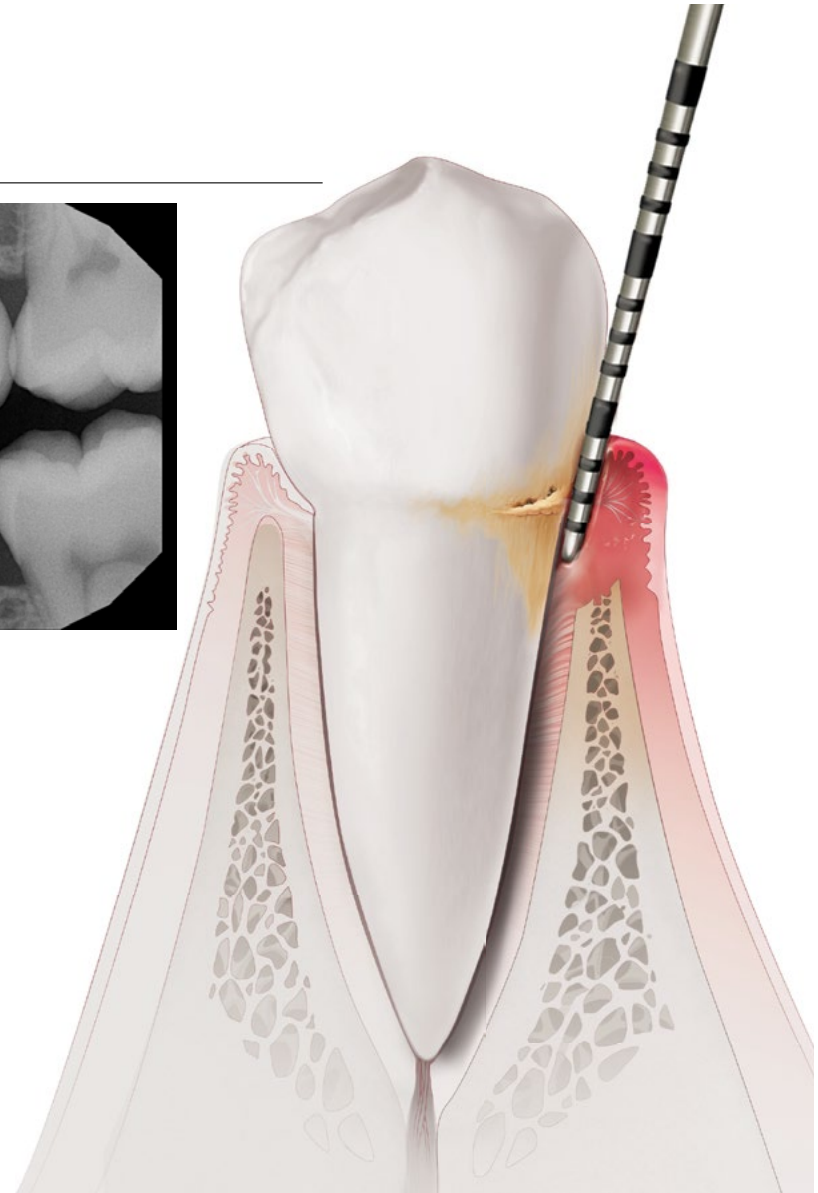
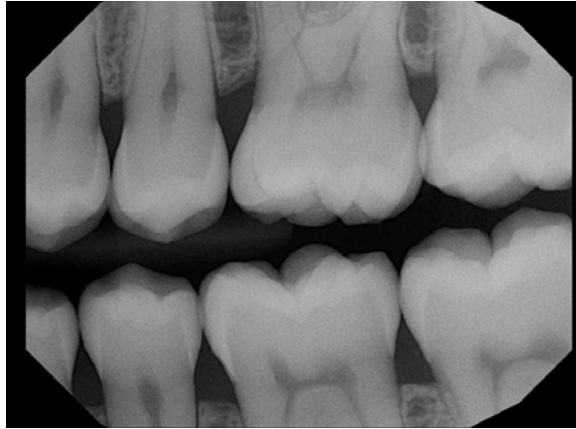
Gingivitis

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

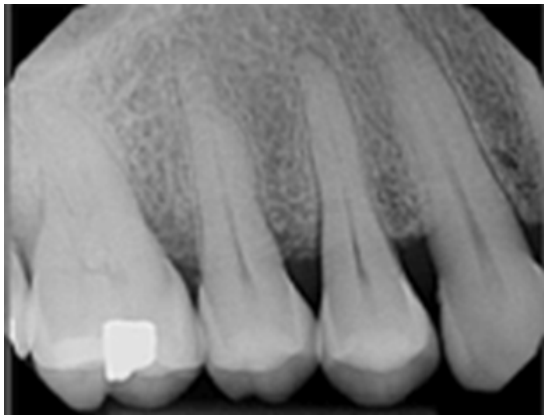
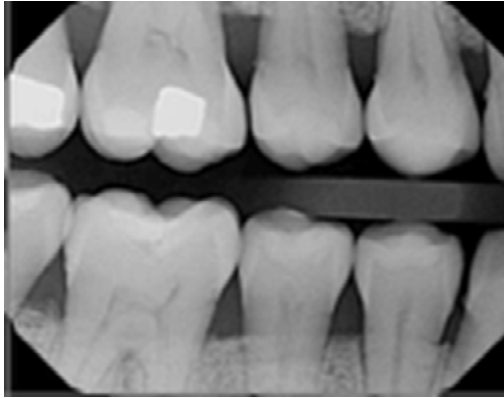
Extent & Distribution:

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



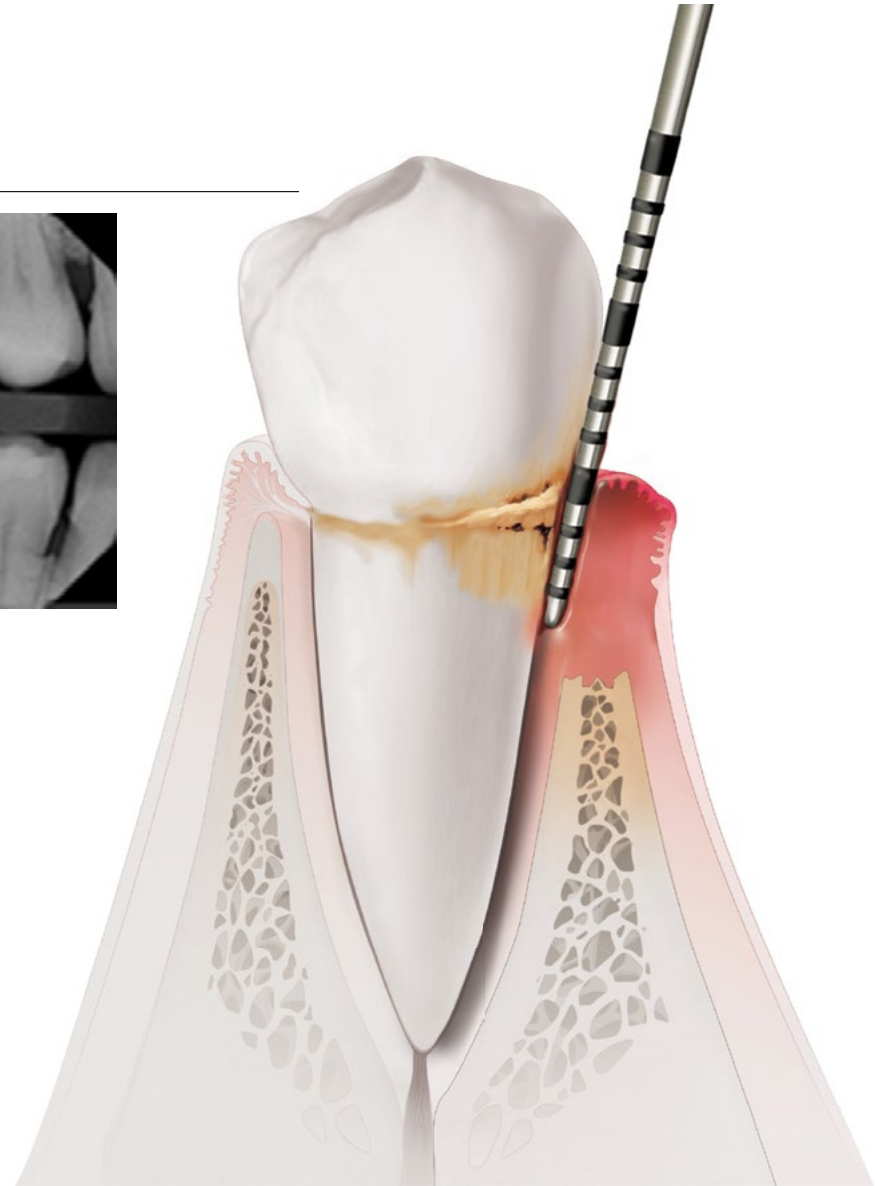
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Periodontitis **Stage II**



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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

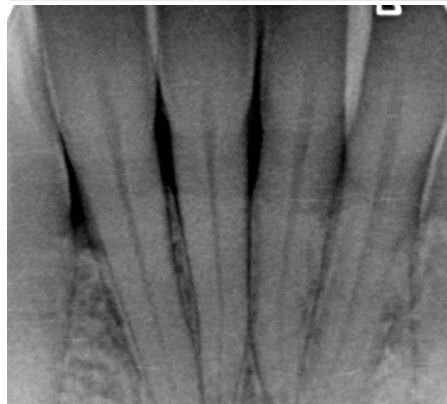
Extent & Distribution:

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 ≥ 6 mm
CAL ≥ 5 mm
RBL extending mid-third of root and beyond
 ≥ 3 mm vertical bone loss
Tooth loss due to Periodontitis ≤ 4 teeth
Furcation involvement – Class II or III
Moderate ridge defect

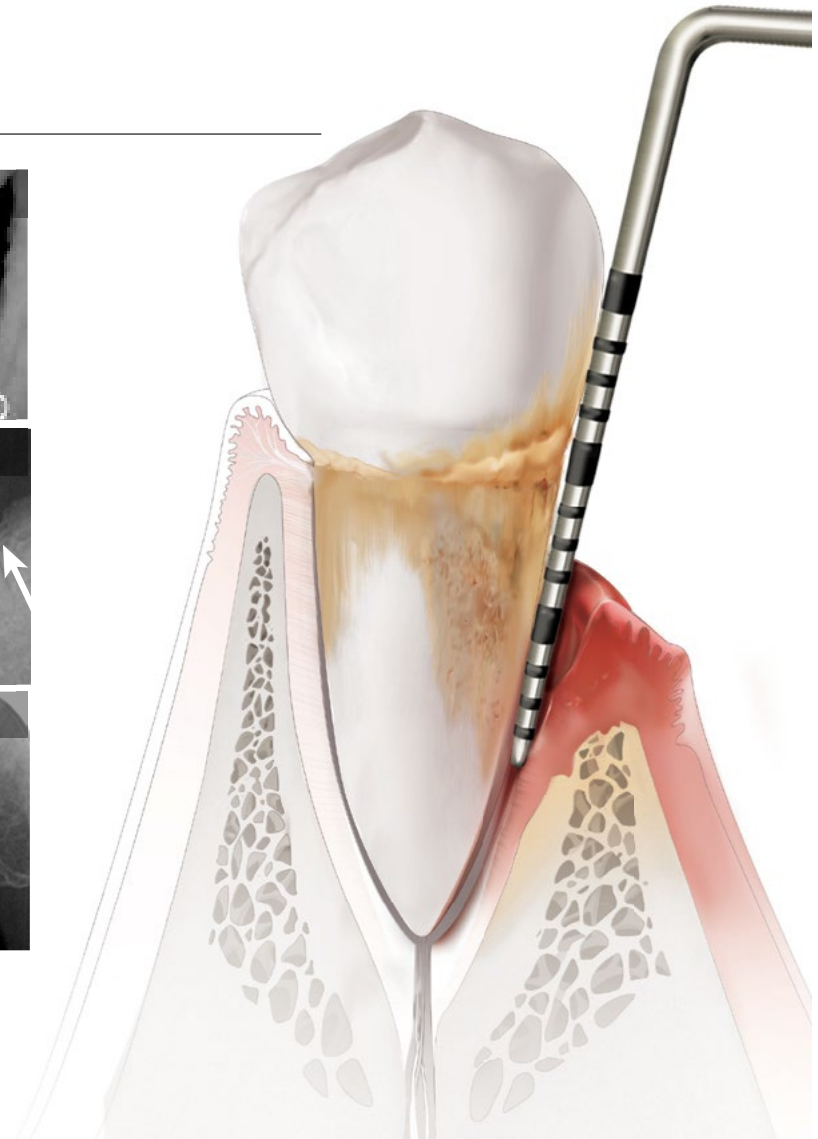
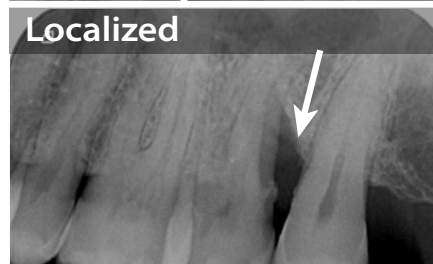
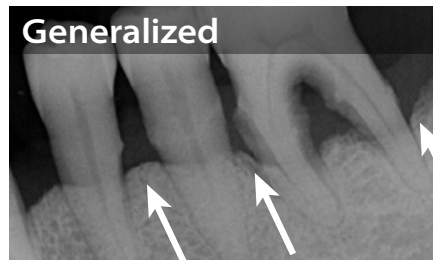
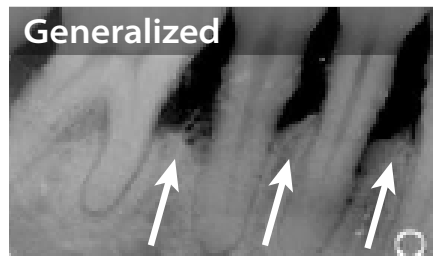
Extent & Distribution:

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 ≥ 6 mm
CAL ≥ 5 mm
RBL extending to mid-third of root and beyond
 ≥ 3 mm vertical bone loss
Tooth loss due to periodontitis ≥ 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
Severity				
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
Complexity				
Local	<ul style="list-style-type: none"> • Maximum Probing Depth ≤ 4mm • Mostly horizontal bone loss 	<ul style="list-style-type: none"> • Maximum Probing Depth ≤ 5mm • Mostly horizontal bone loss 	<i>In addition to Stage II complexity:</i> <ul style="list-style-type: none"> • Probing depth ≥ 6mm • Vertical bone loss ≥3mm • Furcation involvement (Class II or III) • Moderate ridge defect 	<i>In addition to Stage III complexity:</i> Need for complex rehabilitation due to: <ul style="list-style-type: none"> • Masticatory dysfunction • Secondary occlusal trauma (tooth mobility degree ≥2) • Severe ridge defect • Bite collapse, drifting, flaring • Less than 20 remaining teeth (10 opposing pairs)
Extent and distribution	For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern			



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Adapted from Tonetti et al. J Periodontal. 2018;89(Supp 1):S159-S172)

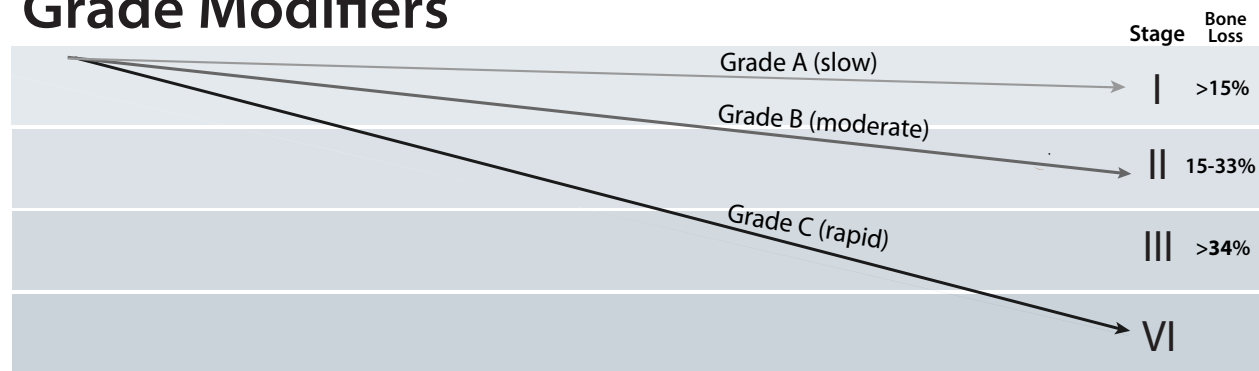
Grade Determination

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary criteria	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥10 mm over 5 years
	Whenever available, direct evidence should be used	% 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
Grade modifiers	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

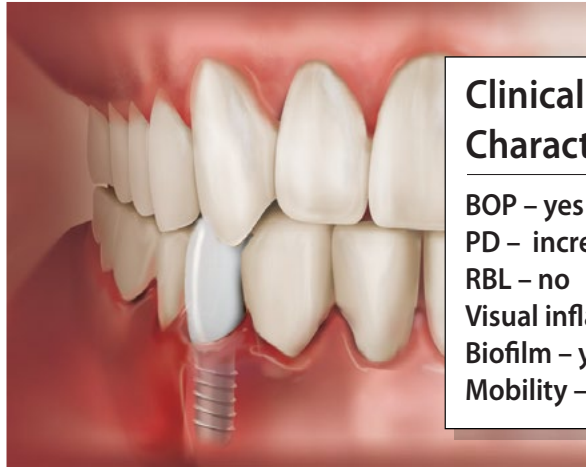


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*Tables from Tonetti, Greenwell, Kornman. J Periodontol 2018;89 (Suppl 1): S159-S172.

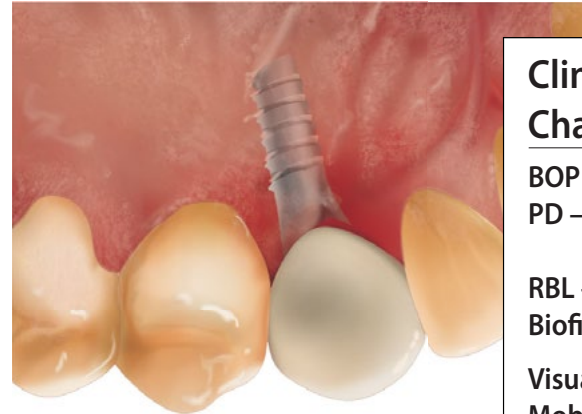
**Maycher G. Technically Speaking: Tips for Implementing the 2018 AAP Periodontal Classification (Part 14) [Internet]. Oral Health; 2022 Mar 18 [cited 2025 Jan 31]. Available from: <https://www.oralhealthgroup.com/features/technically-speaking-tips-for-implementing-the-2018-aap-periodontal-classification-part-14/>

Peri-implant Mucositis and Peri-implantitis



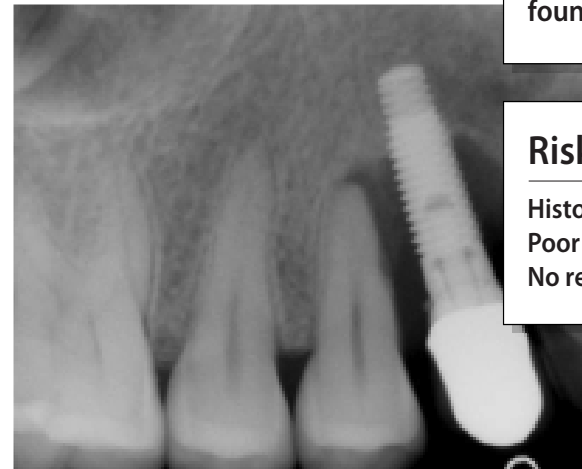
Clinical Characteristics

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



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2018 Classification of Periodontal and Peri-Implant Diseases

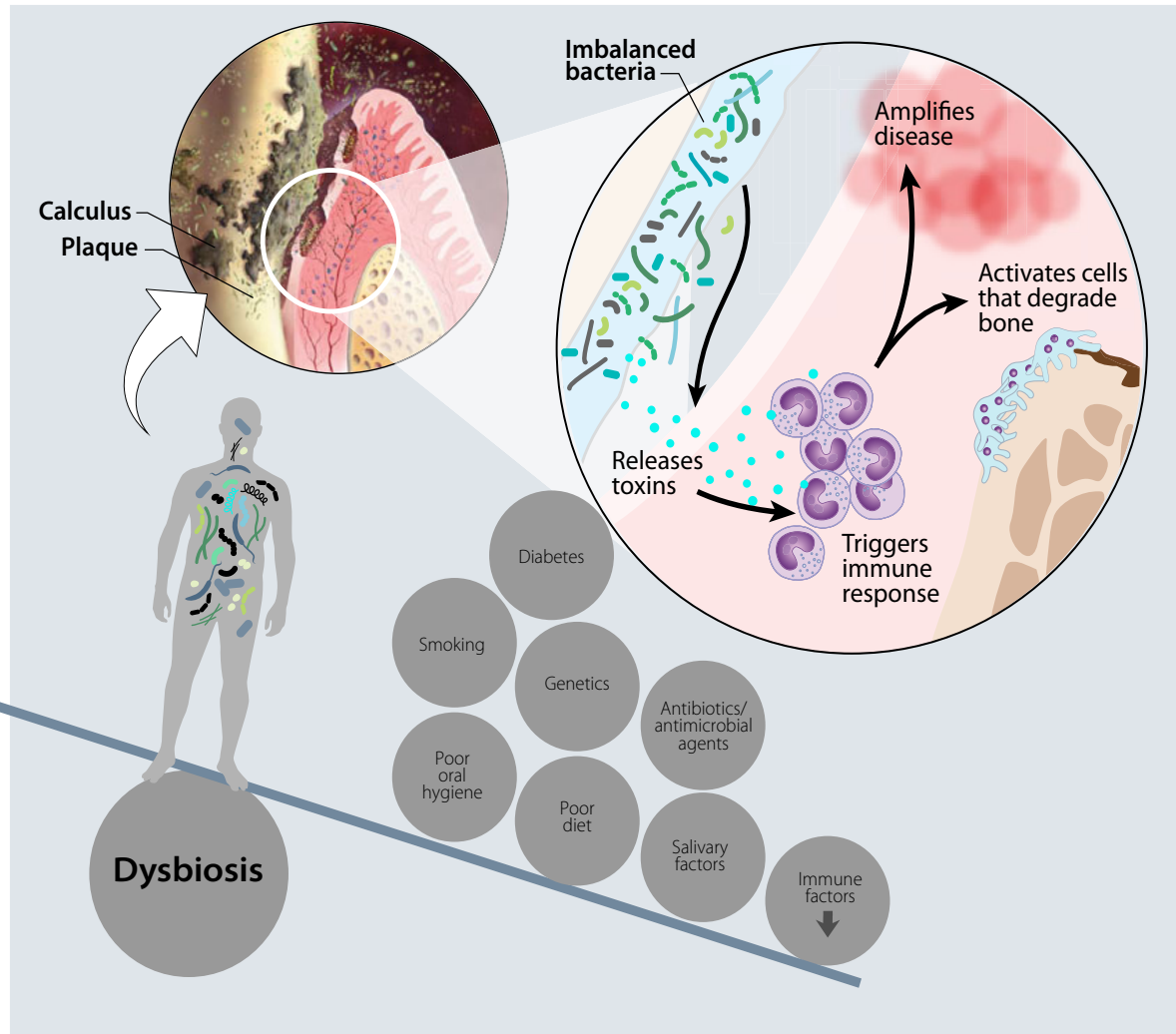
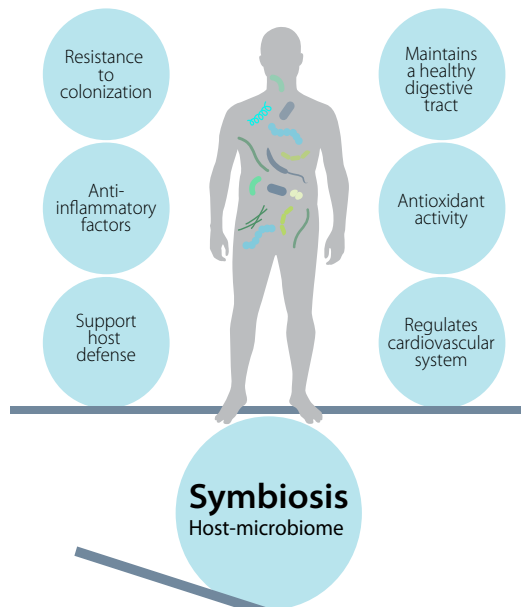
Periodontal Health, Gingivitis & Gingival Conditions	Periodontitis	Other Conditions Affecting the Periodontium	Peri-Implant Diseases & Conditions
Periodontal Health & Gingival Health	Necrotizing Periodontal Diseases	Systemic Diseases or Conditions affecting periodontal supporting structures	Peri-Implant 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	



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Adapted from Caton et al. *J Periodontol* 2018

The Oral Microbiome: More than Meets the Eye

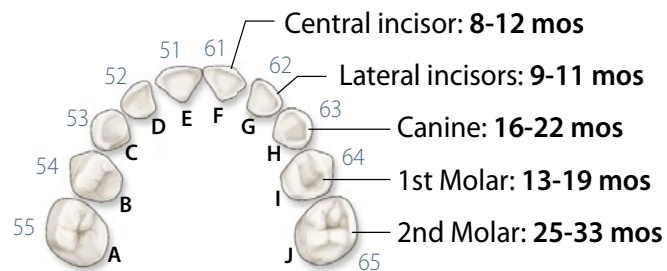


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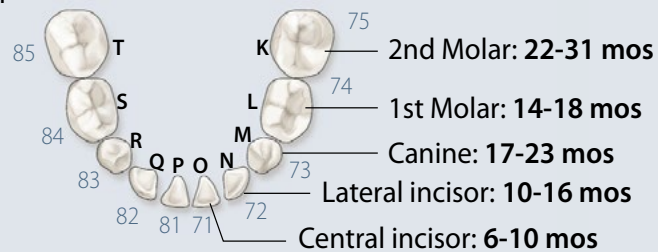
Primary and Permanent Dentition

Primary Eruption Dates

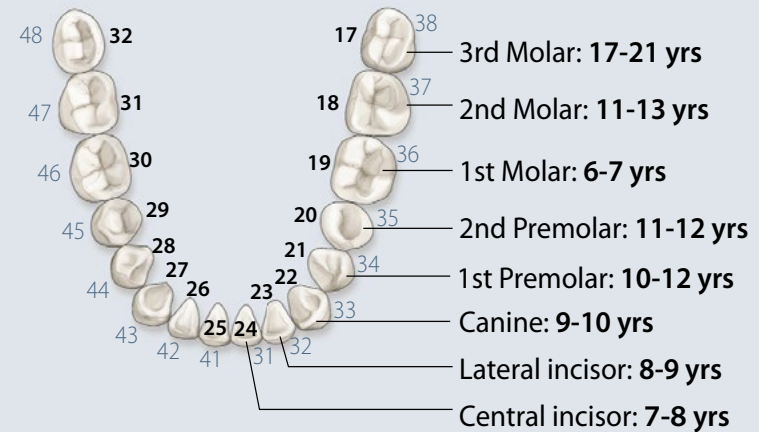
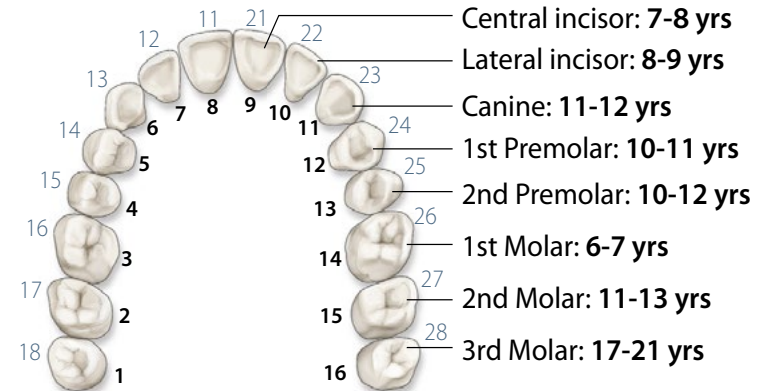


Maxillary

Mandibular



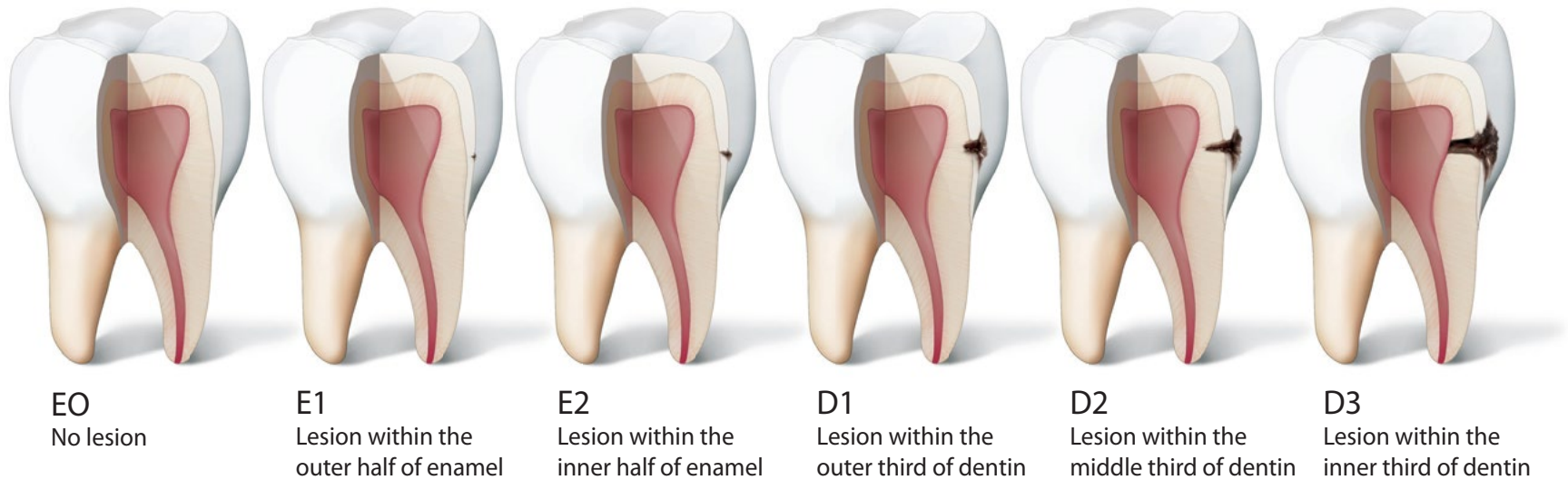
Permanent Eruption Dates



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FDI World Dental Federation
International Numbering

Dental Decay



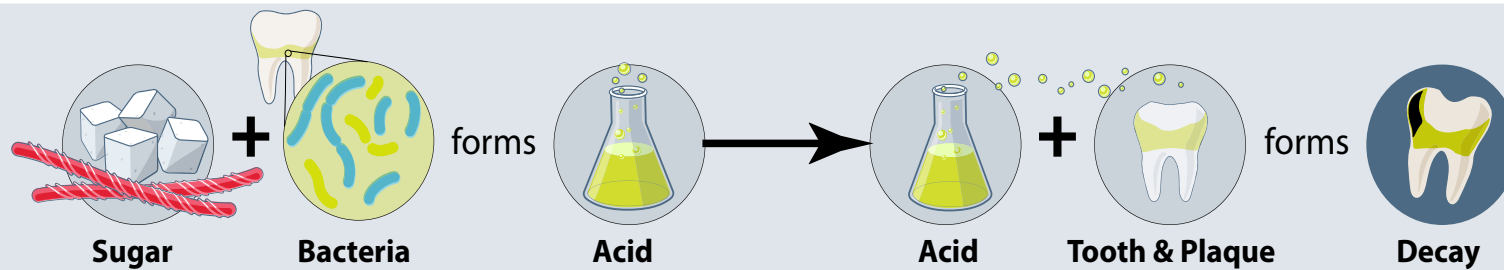
Location of caries:



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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.

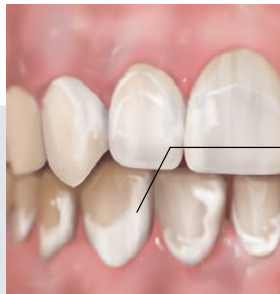
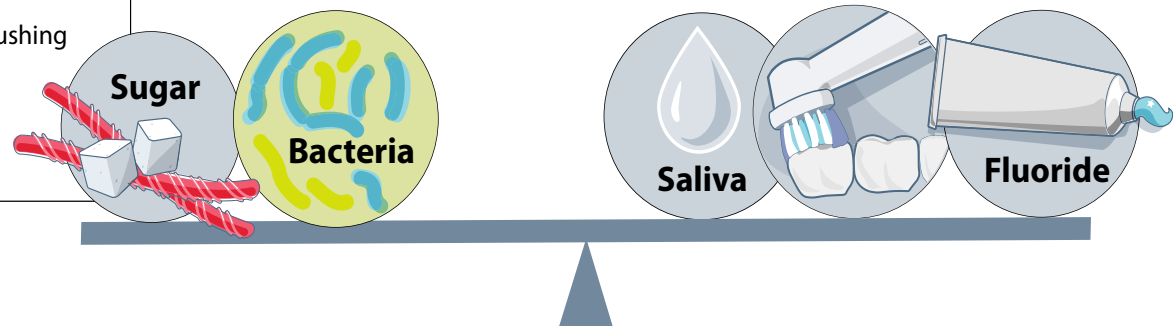
Tips to Prevent Dental Decay



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.

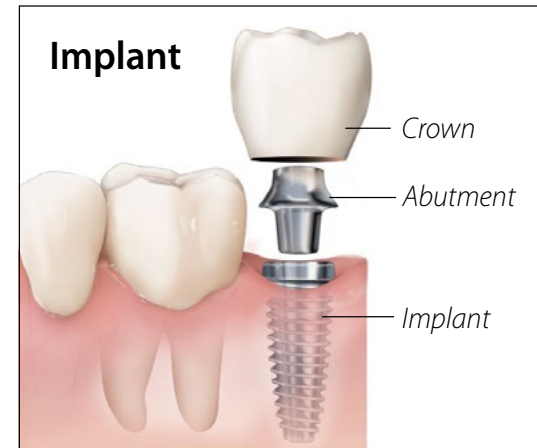
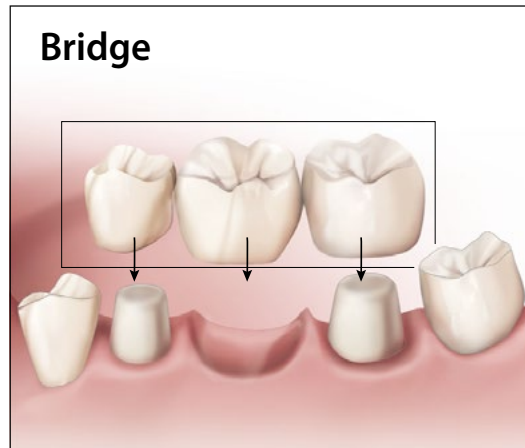
Pit & Fissure Sealants:



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Restorative Options



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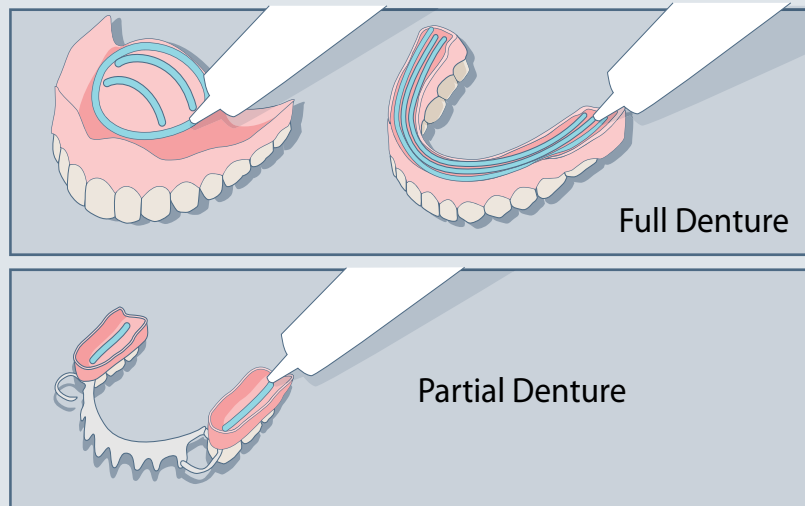
Restorative Options



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

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

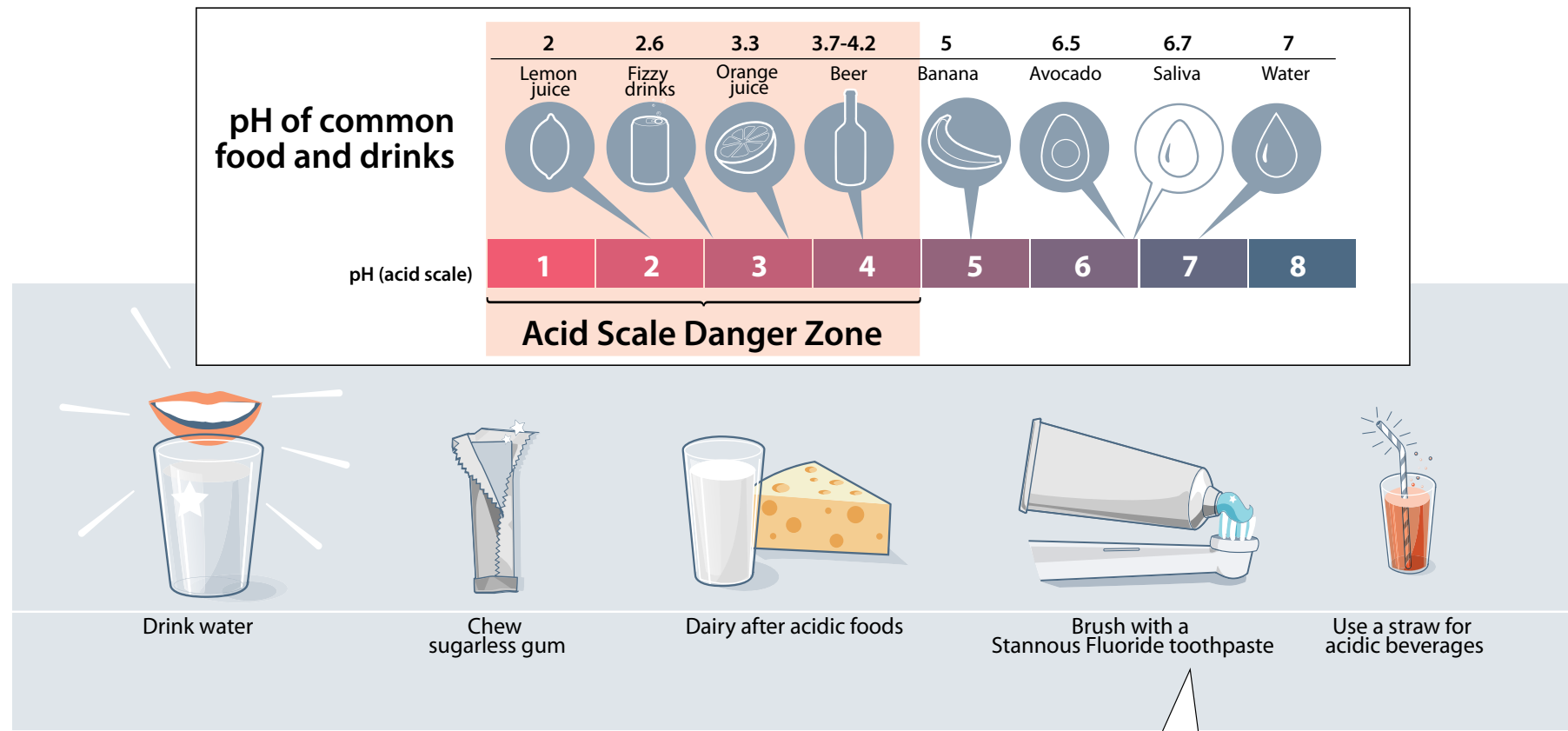
Erosion is irreversible.

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>



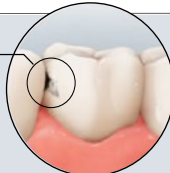
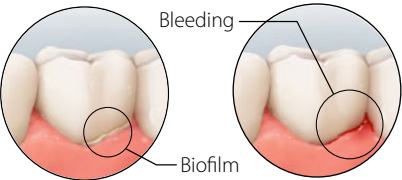
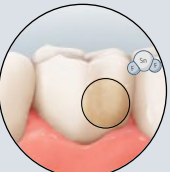
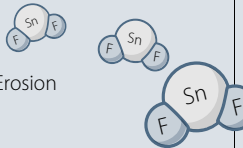

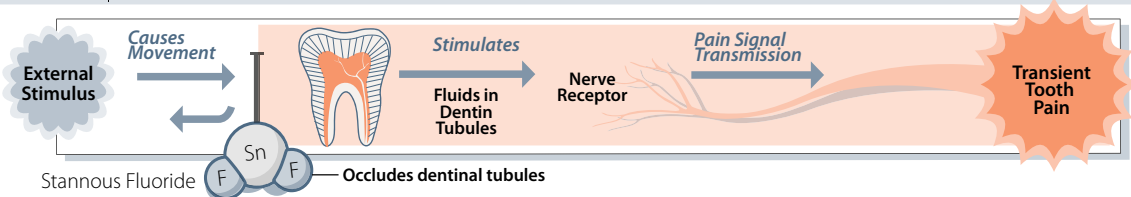

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Prevention and Management of Erosive Tooth Wear



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

Stannous Fluoride

Therapeutic Benefit	Mechanism of Action
<p>Anticaries</p> 	<p>Enhances Remineralization Inhibits Demineralization</p>
<p>Gingivitis</p> 	<p>Reduces biofilm Reduces bleeding gums</p> <div data-bbox="1161 483 1818 669" data-label="Text"> <p><i>Patients are 3.7x more likely to transition to gingival health using a stabilized, bioavailable Stannous Fluoride toothpaste versus sodium fluoride or MFP1.¹</i></p> </div>
<p>Prevents erosion</p>  	<p>Has the potential for slowing the progression of erosive tooth wear (European Fed of Conservative Dentistry)</p> <div data-bbox="1299 690 1705 852" data-label="Text"> <p>Sodium Fluoride protects to pH <5.5 while Stannous protects against dietary acids in the enamel danger zone</p> </div>
<p>Reduces sensitivity</p> 	 <p>External Stimulus → Causes Movement → Stimulates → Fluids in Dentin Tubules → Nerve Receptor → Pain Signal Transmission → Transient Tooth Pain</p> <p>Stannous Fluoride (SnF₂) Occludes dentinal tubules</p>
<p>Reduces halitosis</p> 	

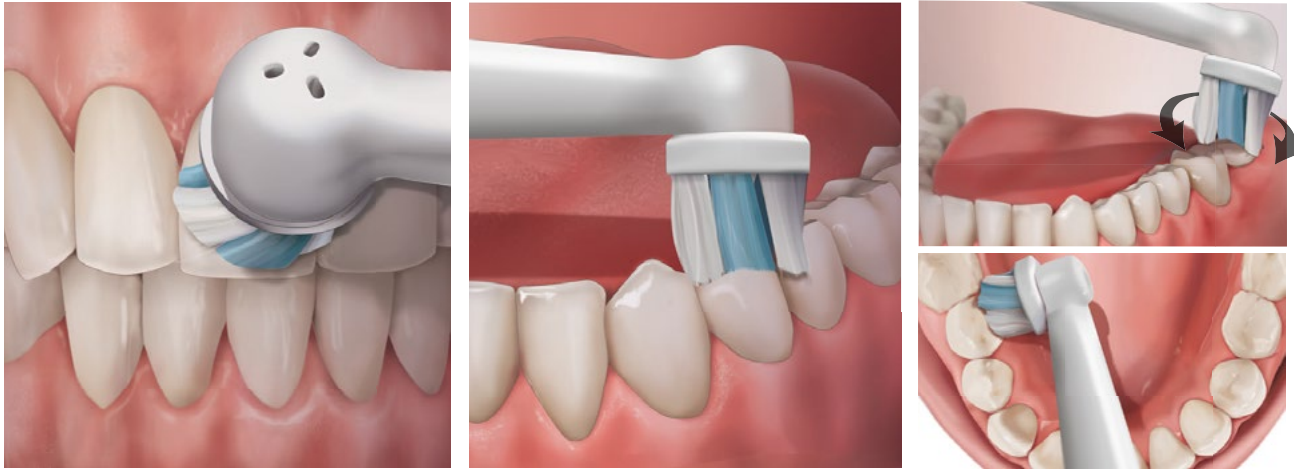


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1. Biesbrock A, et al. The Effects of Bioavailable Gluconate Chelated Stannous Fluoride Dentifrice on Gingival Bleeding: Meta-Analysis of Eighteen Randomized Controlled Trials. J Clin Periodontol. 2019 Sep 28.

Brushing Instructions

Power



Manual

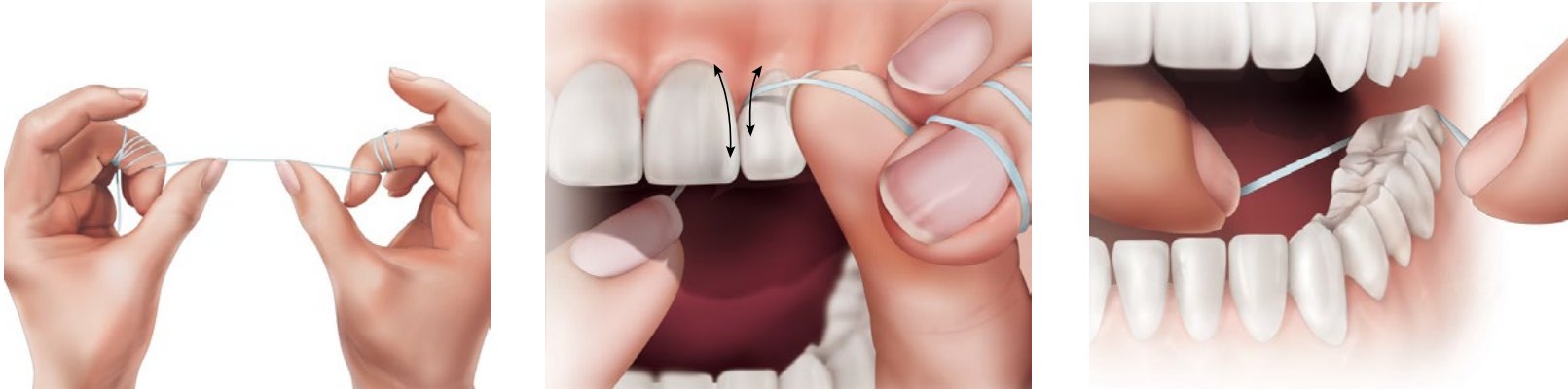


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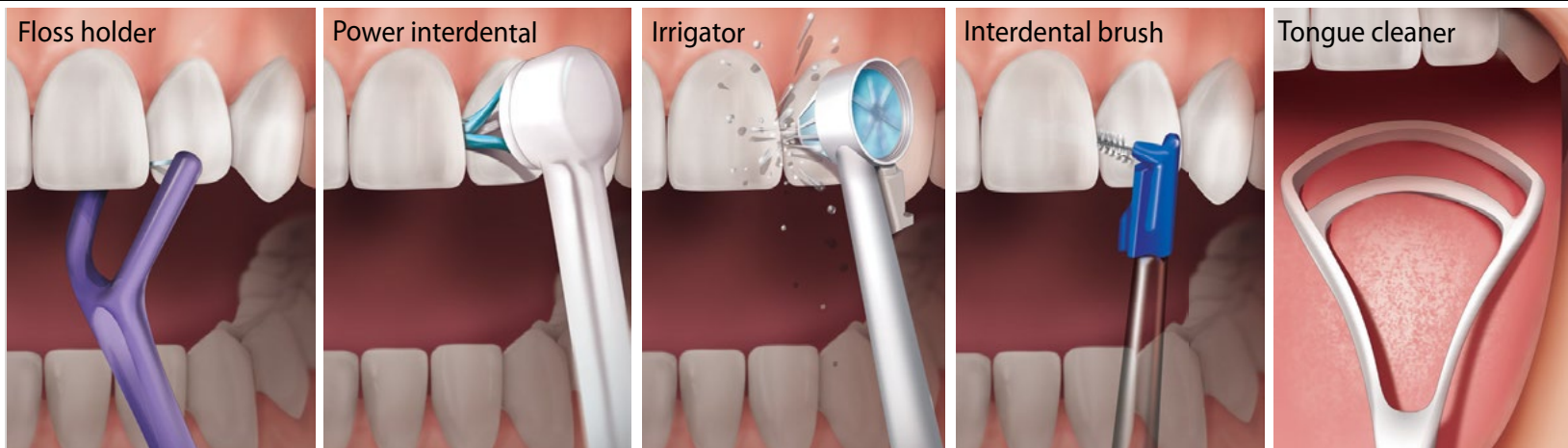


Interdental Cleaning

Flossing



Other methods



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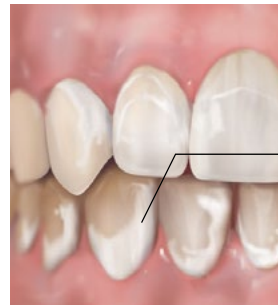
Tips for Orthodontic Patients



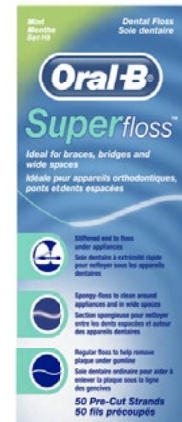
Improve Your Smile by Removing Plaque Effectively



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





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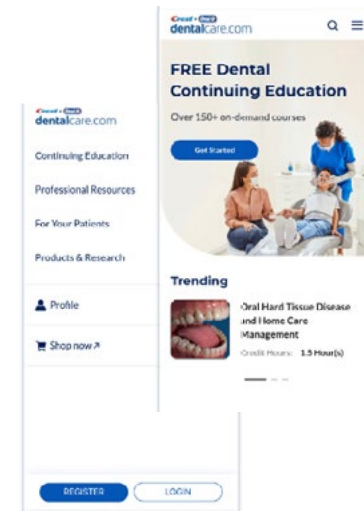


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