

Patient Consultation Guide



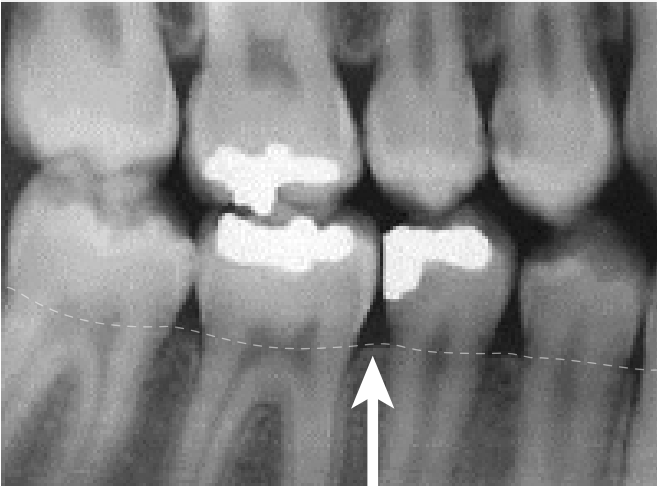
P&G Professional Oral Health



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR

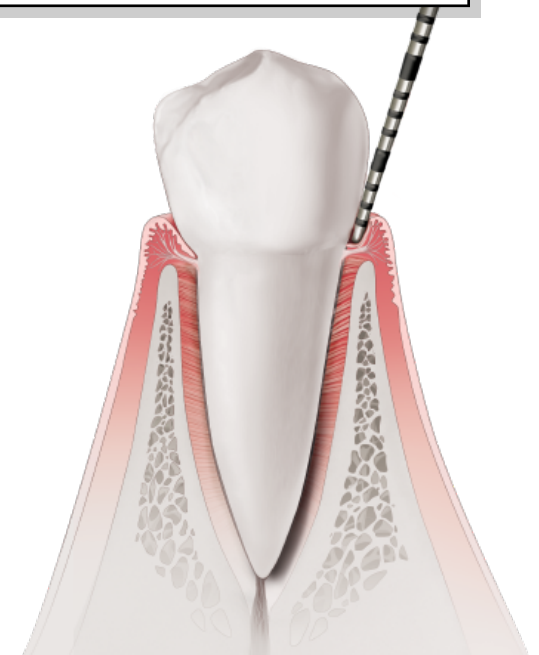


Gingival Health



Gingival Health

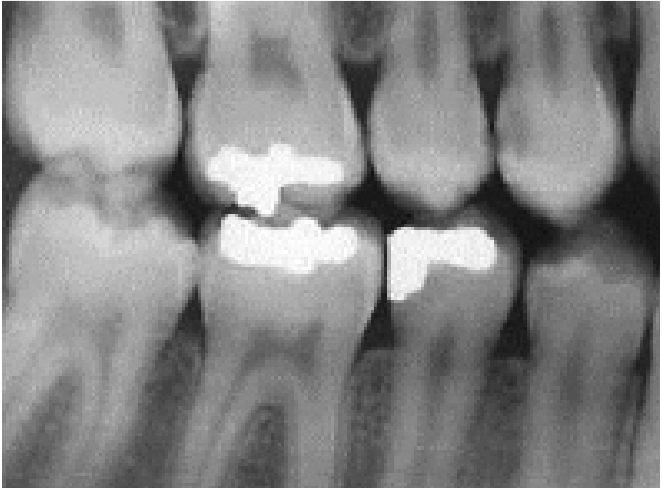
Clinical Gingival Health on an Intact Periodontium	Clinical Gingival Health on a Reduced Periodontium: Stable Periodontitis Patient	Clinical Gingival Health on a Reduced Periodontium: Non-Periodontitis Patient (ie. recession; crown lengthening, etc.)
Clinical Characteristics		
<p>BOP <10%</p> <p>PD ≤3mm</p> <p>Probing Attachment Loss – no</p> <p>RBL – no</p>	<p>BOP <10%</p> <p>PD ≤ 4mm (no site ≥4mm with BOP)</p> <p>Probing Attachment Loss – yes</p> <p>RBL – yes</p>	<p>BOP <10%</p> <p>PD ≤3mm</p> <p>Probing Attachment Loss – yes</p> <p>RBL – possible</p>



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Gingivitis

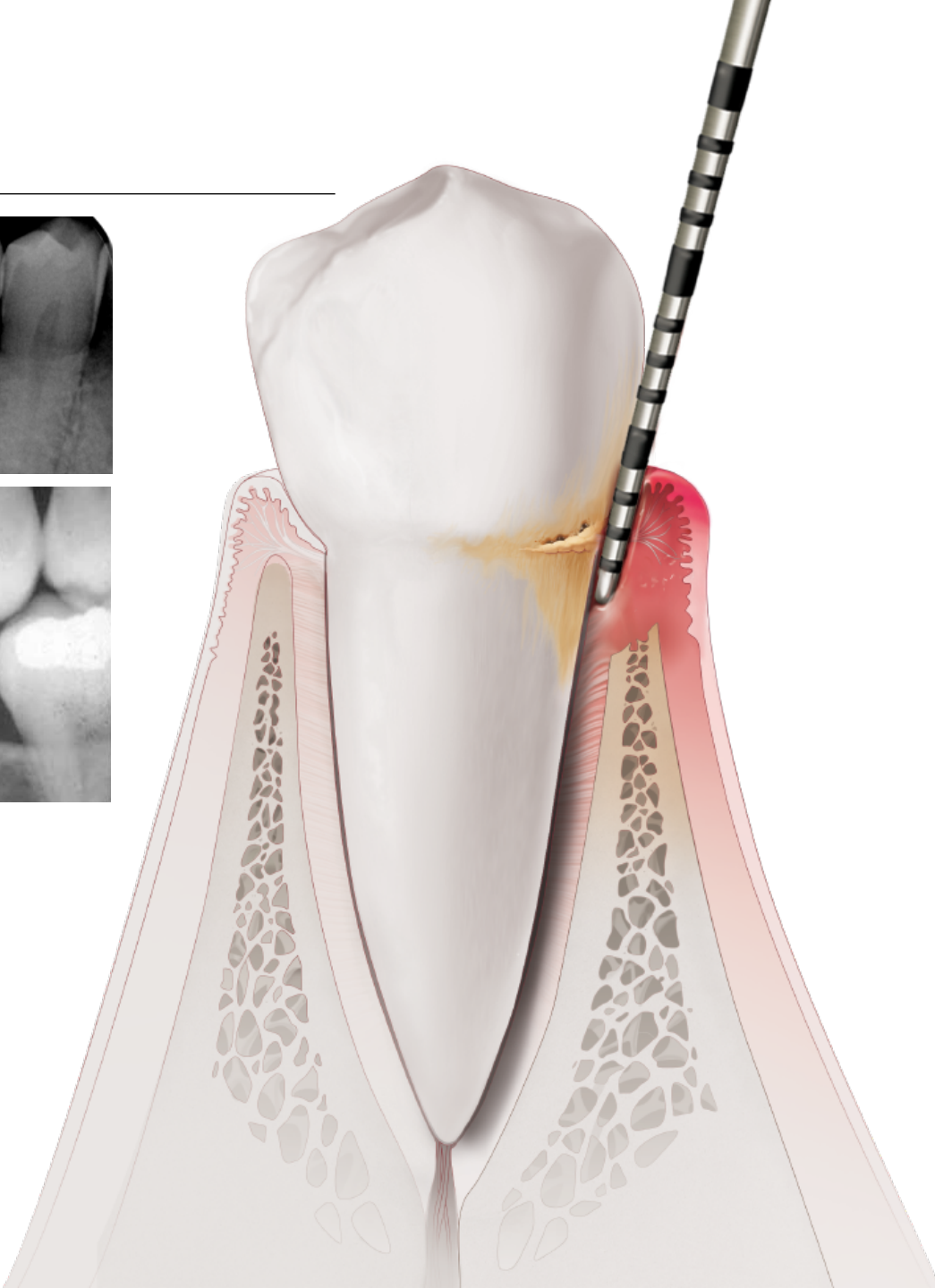


Gingivitis

Gingivitis Intact Periodontium	Gingivitis with Reduced Periodontium	Gingivitis with Reduced Periodontium
Clinical Characteristics	Stable Periodontitis Patient	Non-Periodontitis Patient ie. recession; crown lengthening, etc)
<p>BOP \geq 10%</p> <p>PD 0-3 mm</p> <p>CAL – none</p> <p>RBL – none</p>	<p>BOP \geq10%</p> <p>PD \leq 3mm</p> <p>CAL – yes</p> <p>RBL – yes</p>	<p>BOP \geq10%</p> <p>PD \leq 3mm</p> <p>CAL – yes</p> <p>RBL – possible</p>



Periodontitis Stage I



Periodontitis **Stage I**

Clinical Characteristics

BOP – yes (>10%)

PD ≤ 4 mm

CAL 1-2 mm

RBL < 15% & generally horizontal

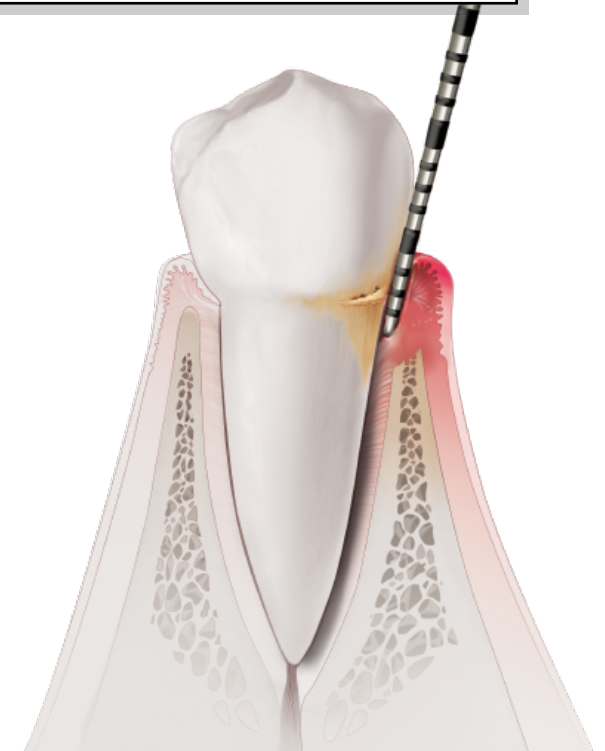
Biofilm – slight - heavy

No tooth loss due to periodontitis

Moderate rate of progression

If Smoker < 10 cigs/day

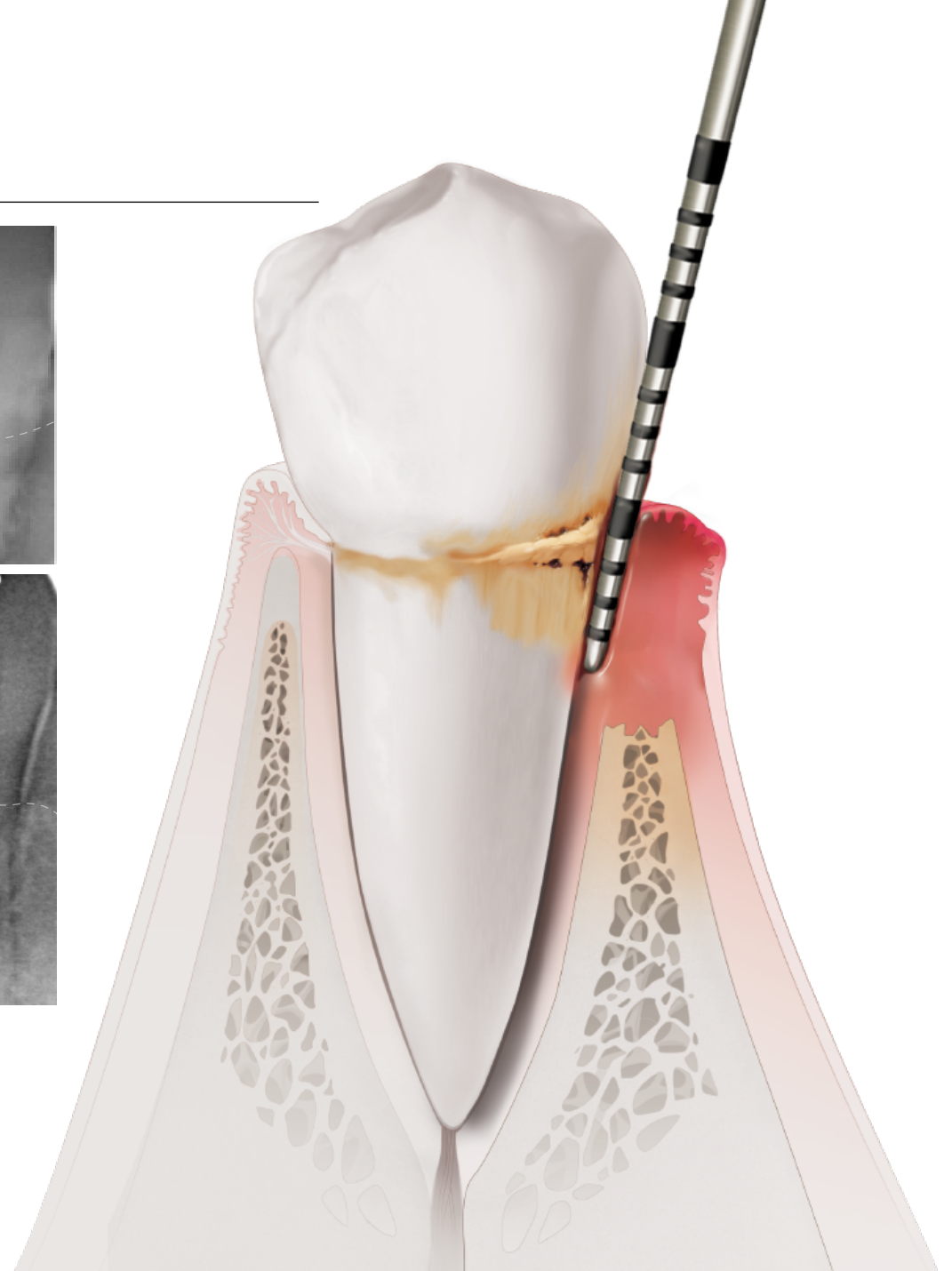
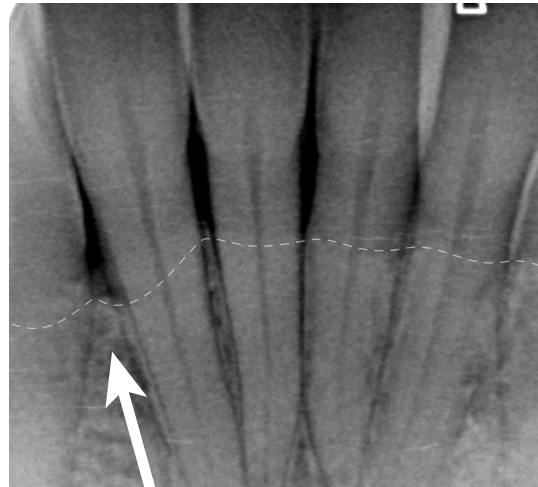
If Diabetic HbA1c < 7.0%



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Periodontitis **Stage II**



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Periodontitis **Stage II**

Clinical Characteristics

BOP – yes

PD \leq 5 mm

CAL 3-4 mm

RBL – 15%-33% & mostly horizontal

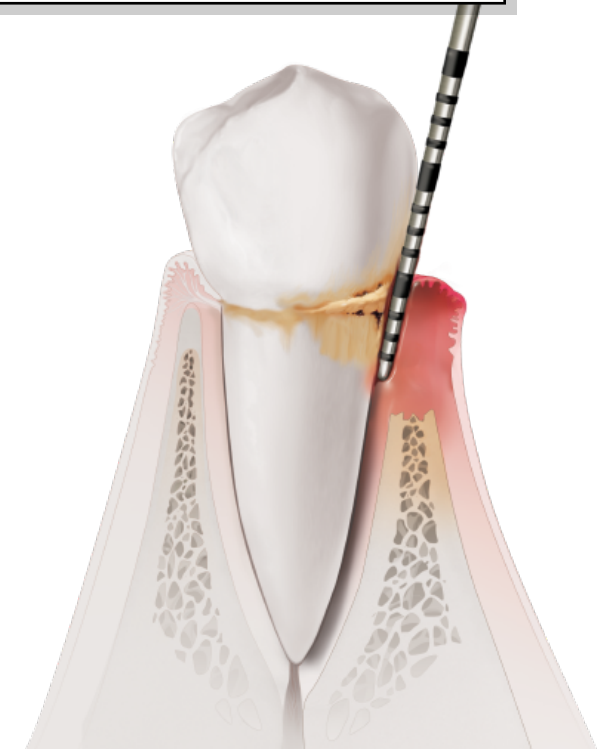
Biofilm – slight - heavy

No tooth loss due to periodontitis

Moderate rate of progression

If Smoker < 10 cigs/day

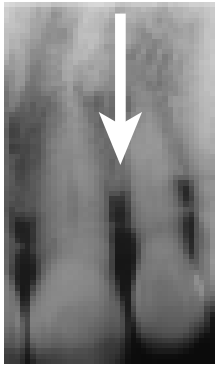
If Diabetic HbA1c < 7.0%



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Periodontitis Stage III

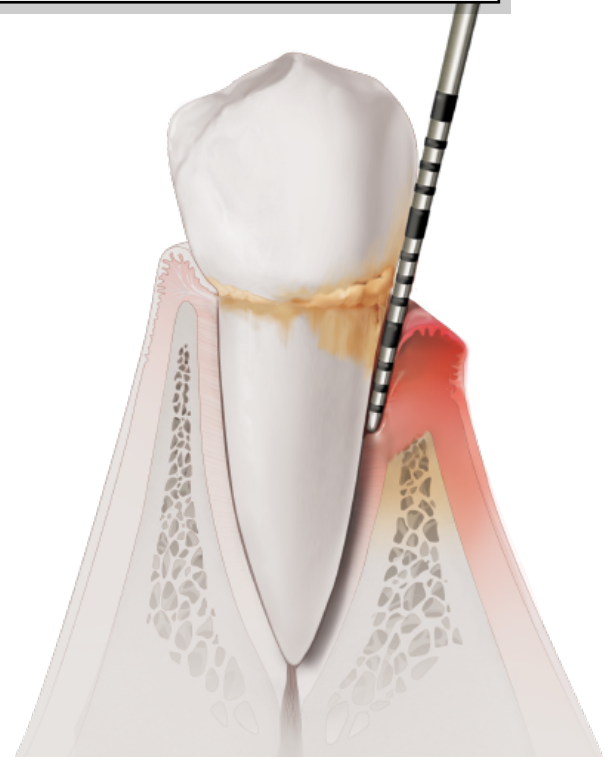


Periodontitis **Stage III**

Clinical Characteristics

BOP – yes
PD \geq 6 mm
CAL \geq 5 mm
RBL \geq 50% horizontal \geq 3mm vertical
Biofilm – slight - heavy

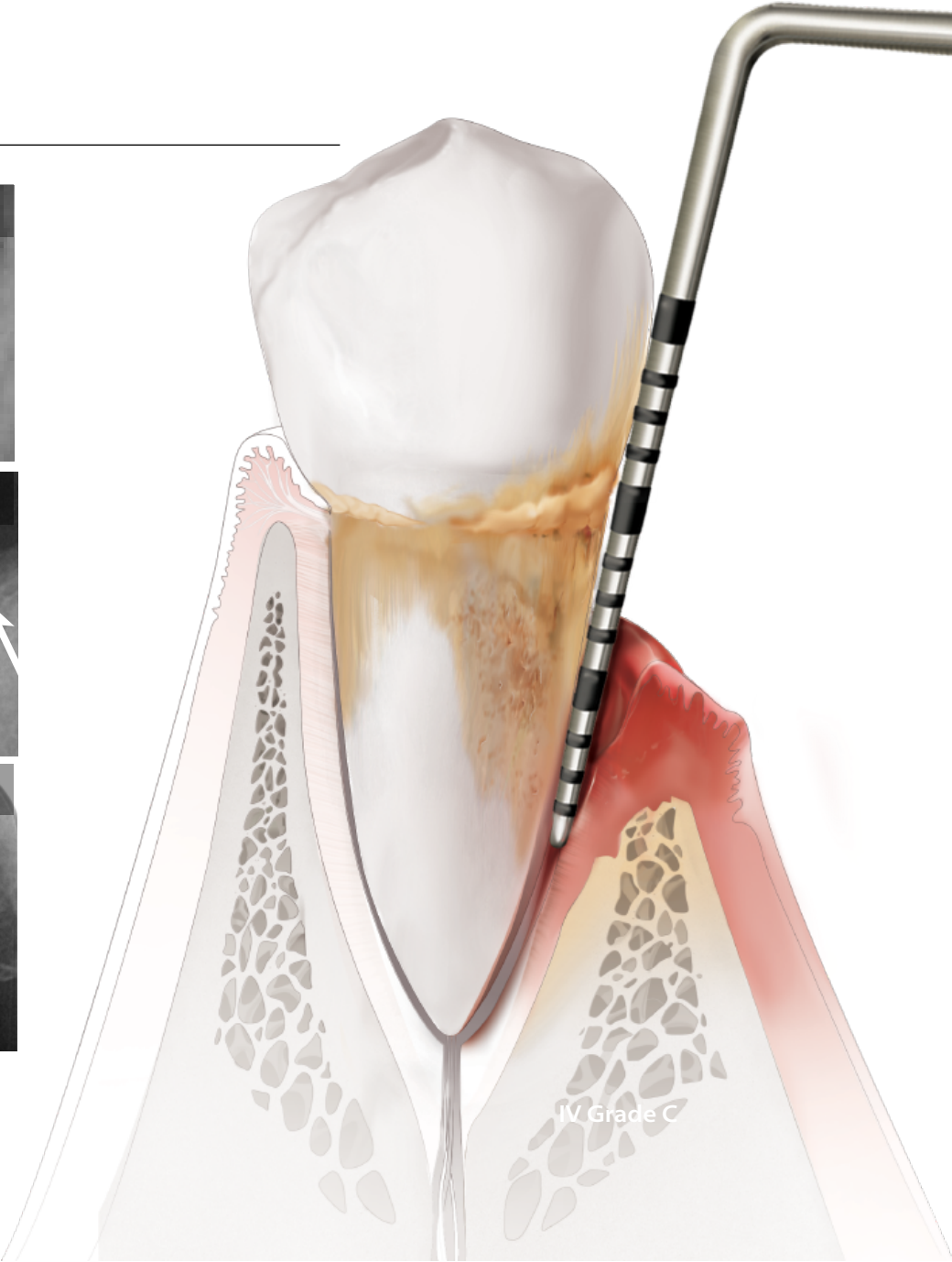
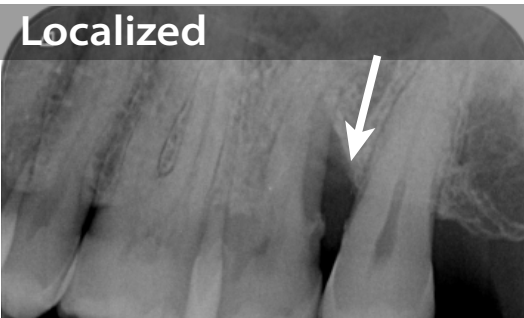
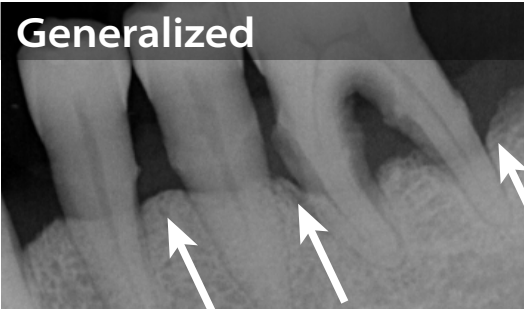
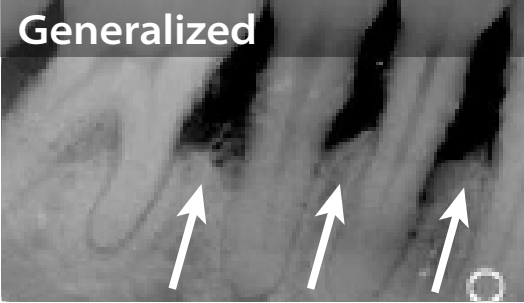
Tooth loss due to periodontitis \leq 4 teeth
Furcation involvement – Class II or III
Moderate ridge defect
If Smoker < 10 cigs/day
If Diabetic HbA1c < 7.0%



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Periodontitis Stage IV



Periodontitis **Stage IV**

Clinical Characteristics

BOP – yes

PD ≥ 6 mm

CAL ≥ 5 mm

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

Biofilm – slight - heavy

Tooth loss due to periodontitis ≥ 5 teeth

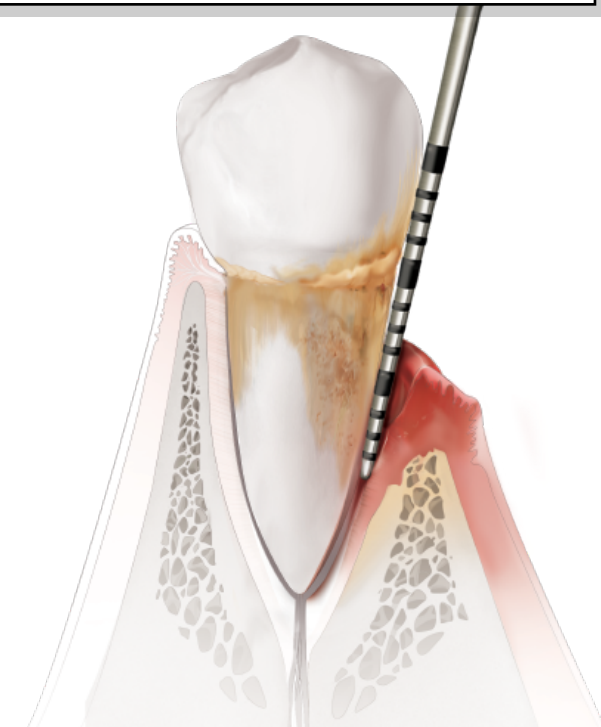
Furcation involvement = Class II or III

Moderate ridge defect

If Smoker < 10 cigs/day

If Diabetic HbA1c $< 7.0\%$

Need for complex rehabilitation



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



Periodontitis Staging

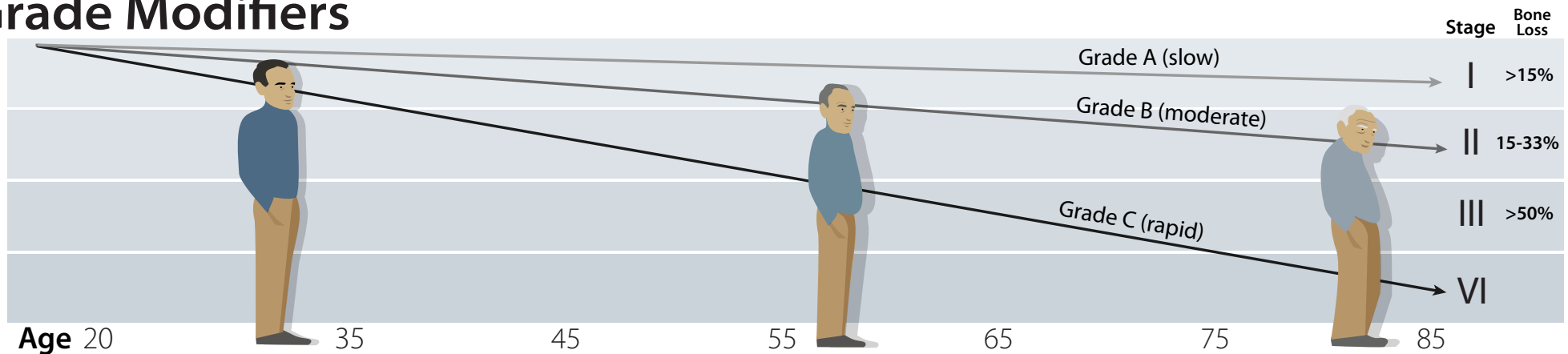
Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity				
Interdental CAL at site of greatest loss	1-2mm	3-4mm	≥5mm	≥5mm
Radiographic Bone Loss	Coronal third (<15%)	Coronal third (15%-33%)	Extending to mid-third of root and beyond	Extending to mid-third of root and beyond
Tooth Loss	No tooth loss 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	<i>For each stage, describe extent as localized (<30% teeth involved), generalized, or molar/incisor pattern</i>			

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
	<i>Whenever available, direct evidence should be used</i>	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0
		Case phenotype	Heavy biofilm depositis 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

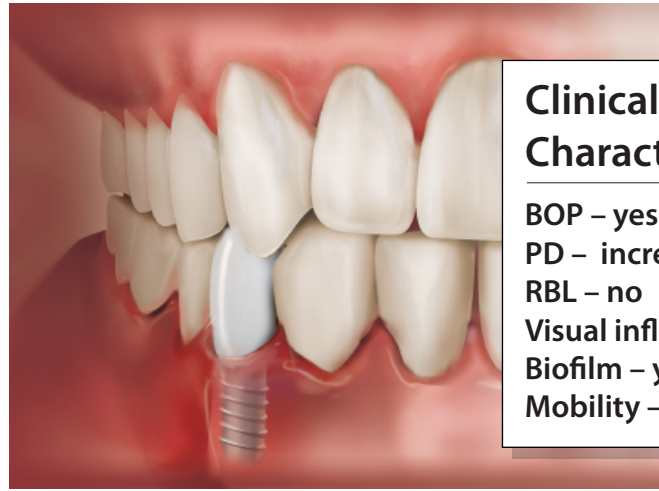


Grade Modifiers



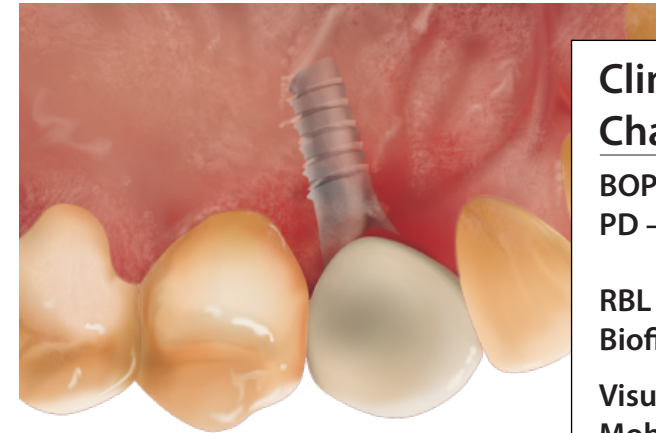
Tables from Tonetti, Greenwell, Kornman. J Periodontol 2018;89 (Suppl 1): S159-S172.

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



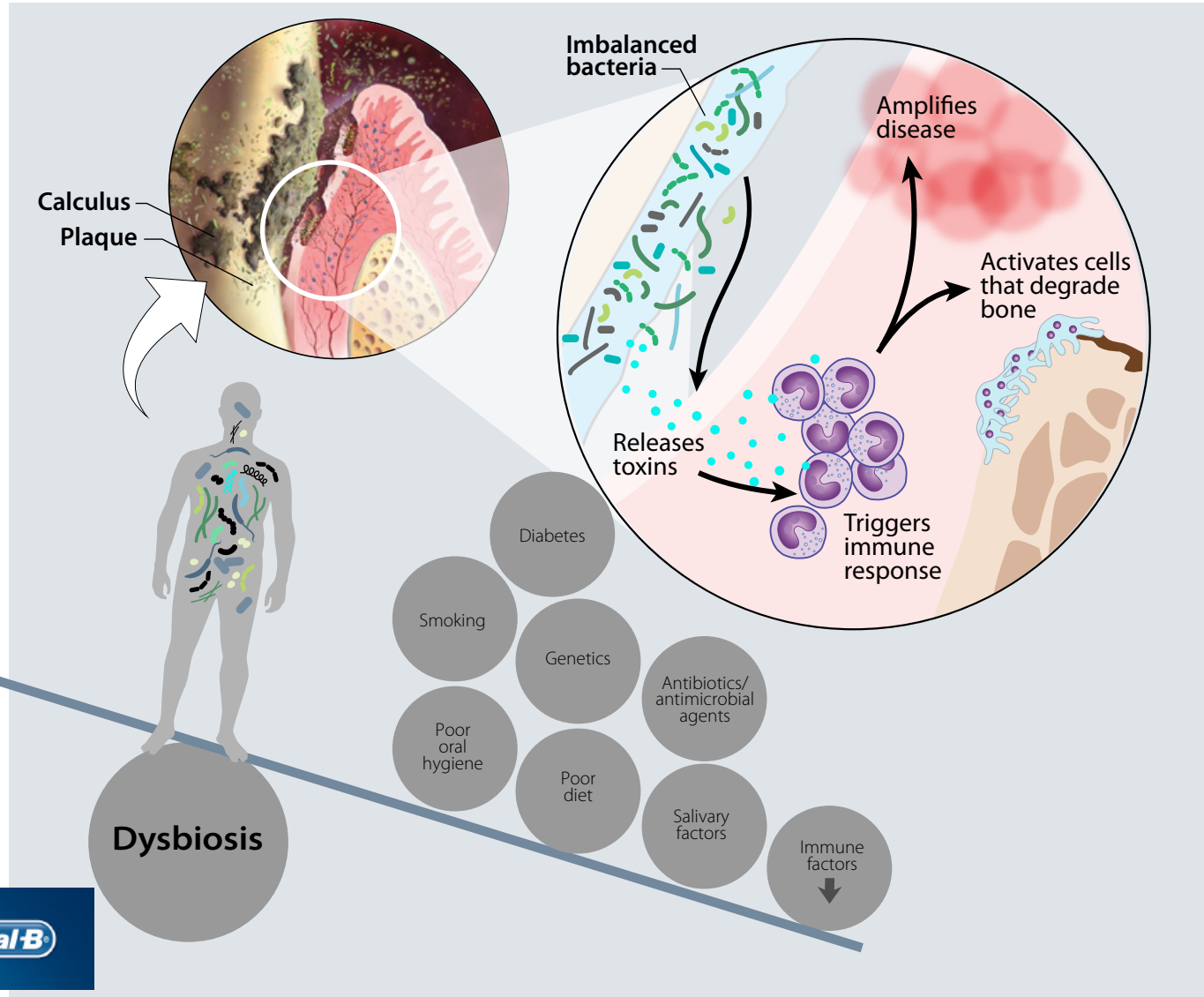
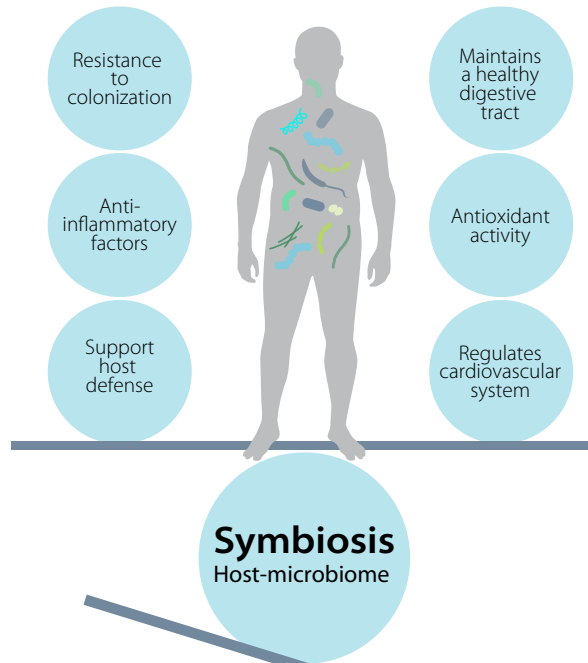
Risk Indicators

- 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

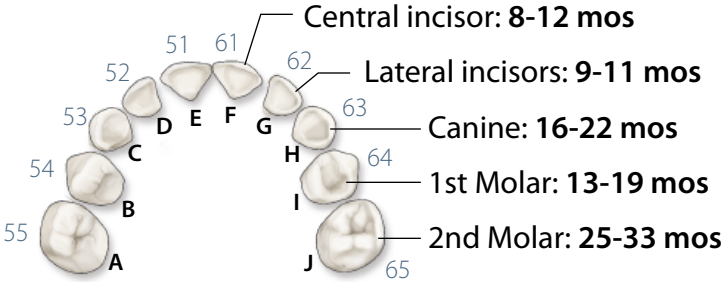


CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



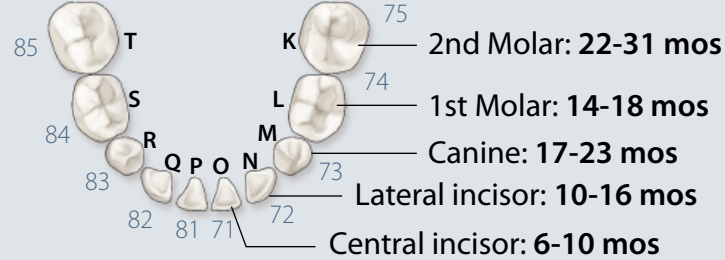
Primary and Permanent Dentition

Primary Eruption Dates

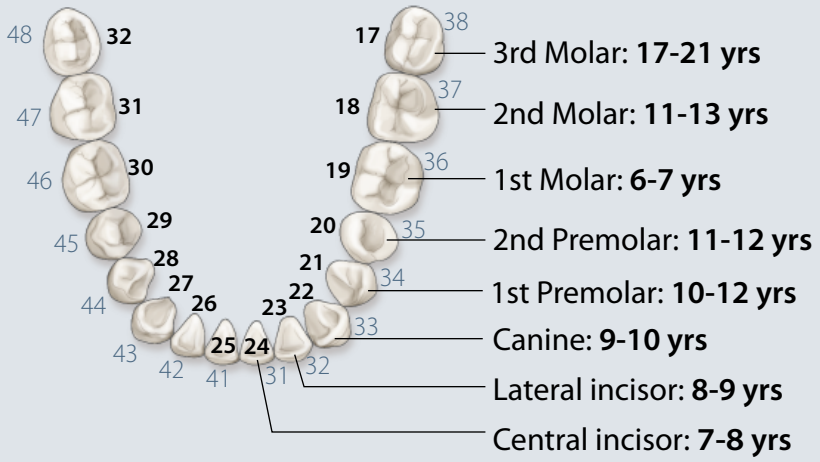
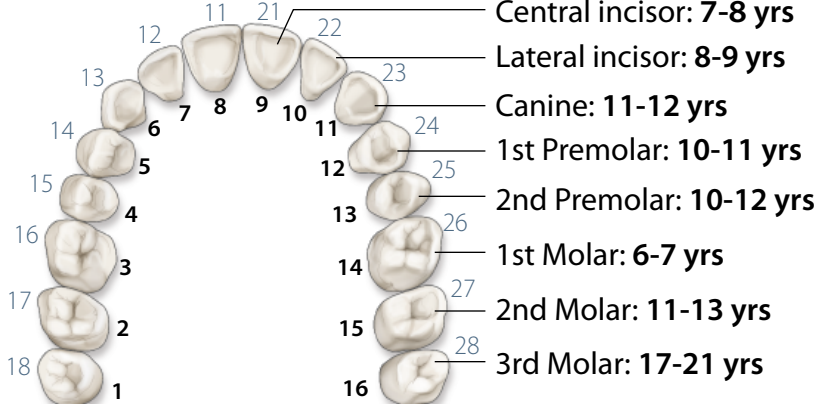


Maxillary

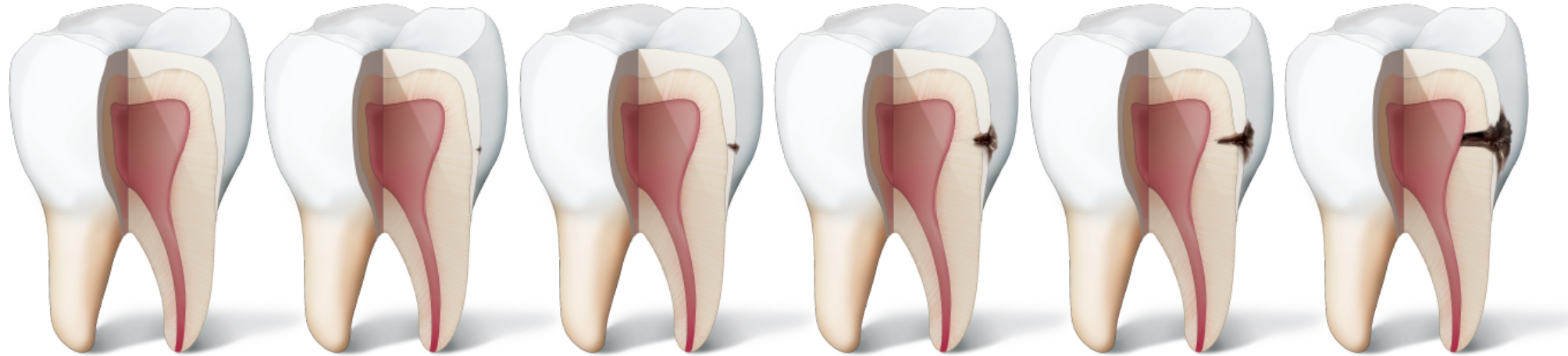
Mandibular



Permanent Eruption Dates



Dental Decay



EO
No lesion

E1
Lesion within the
outer half of enamel

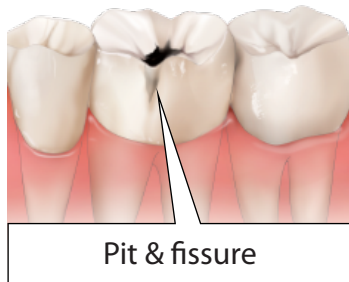
E2
Lesion within the
inner half of enamel

D1
Lesion within the
outer third of dentin

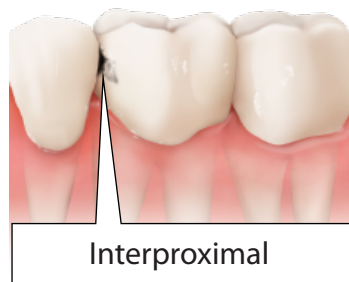
D2
Lesion within the
middle third of dentin

D3
Lesion within the
inner third of dentin

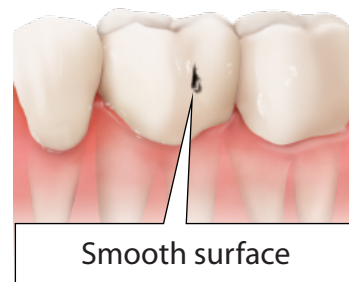
Location of caries:



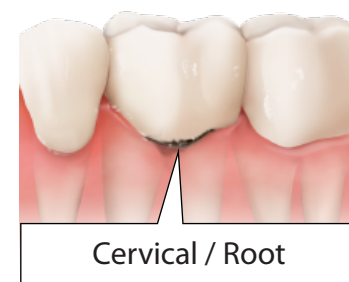
Pit & fissure



Interproximal

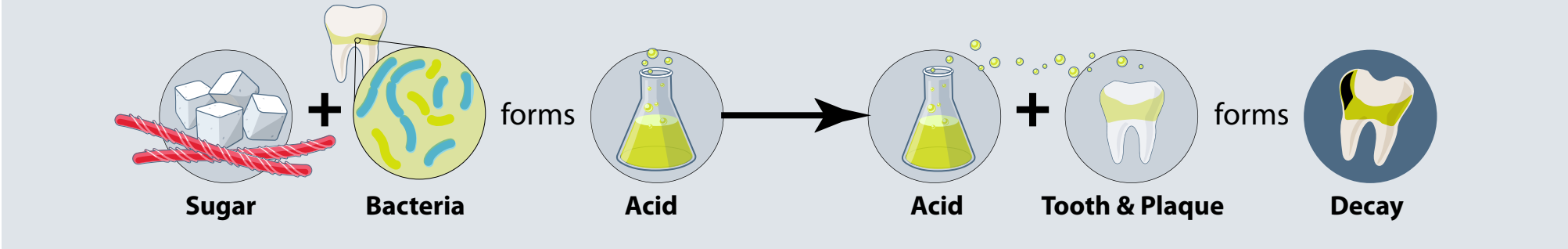


Smooth surface



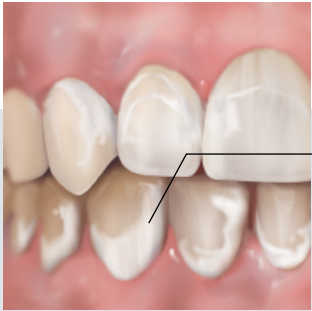
Cervical / Root

Tips to Prevent Dental Decay

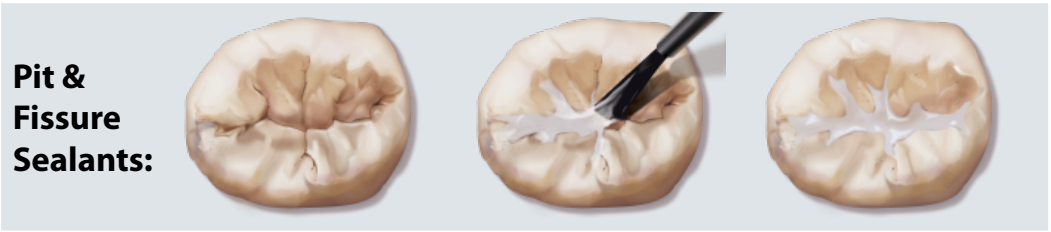


- Risk Factors**
- Sugary foods that cling to your teeth
 - Frequent snacking or sipping
 - Bottle to Bed /Feeding after final brushing
 - Reduced or poor manual dexterity
 - Dry Mouth
 - Not getting enough fluoride
 - Dexterity (young and old)

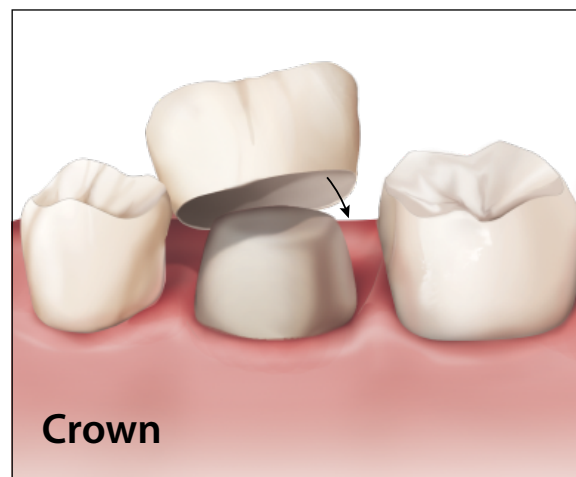
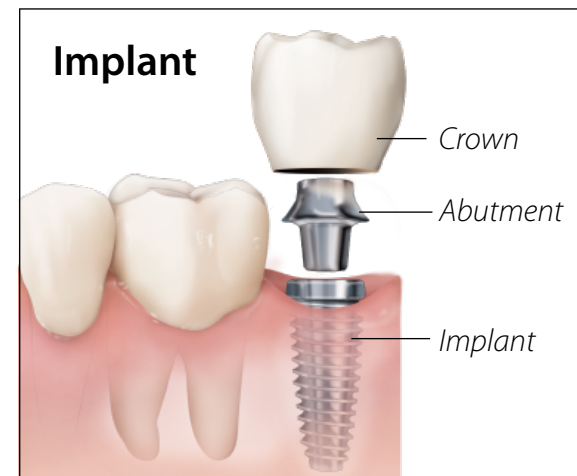
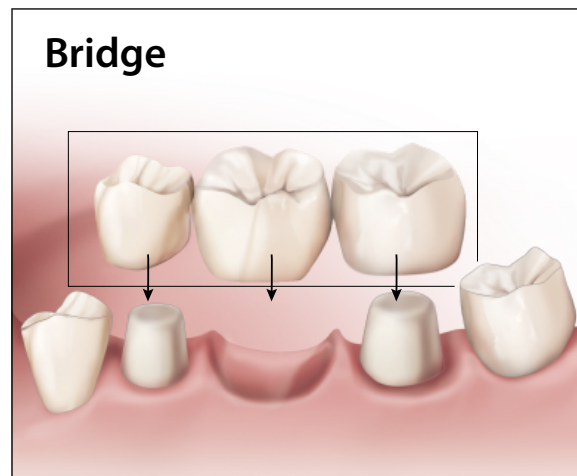
Balance risk factors with prevention



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



Restorative Options



CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



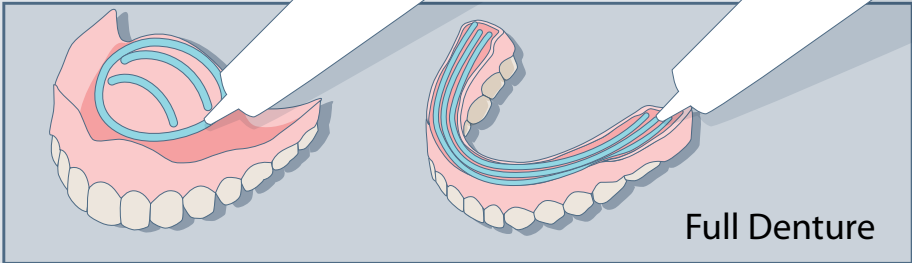
Restorative Options






Adhesives

Biggest advantages for denture wearers:

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



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	Yellow as underlying dentin begins to show
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.

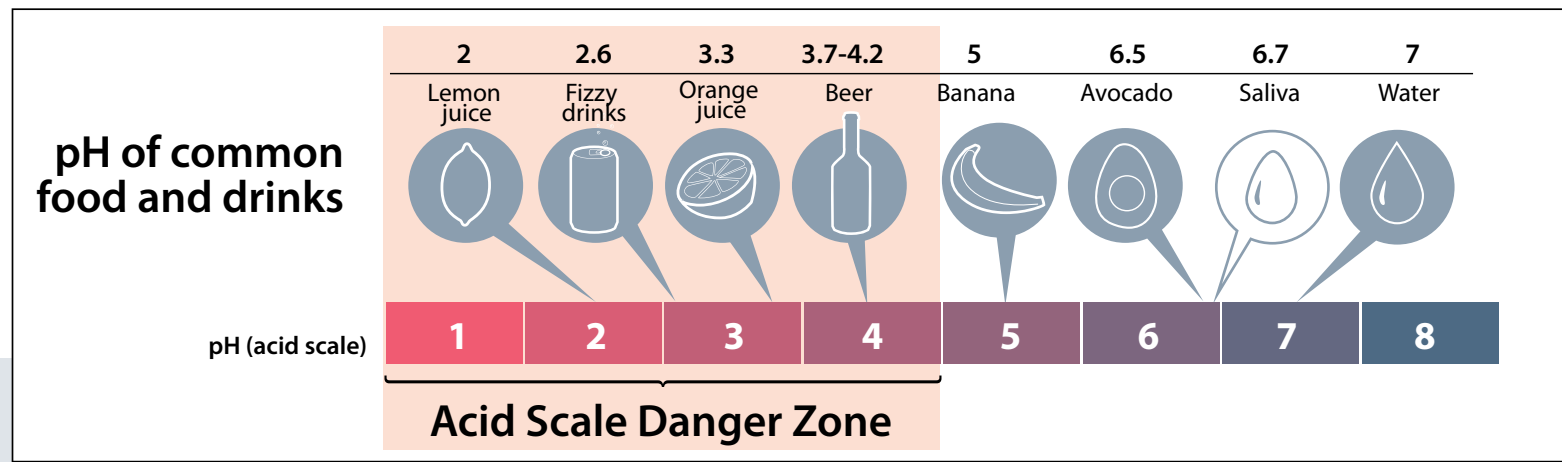
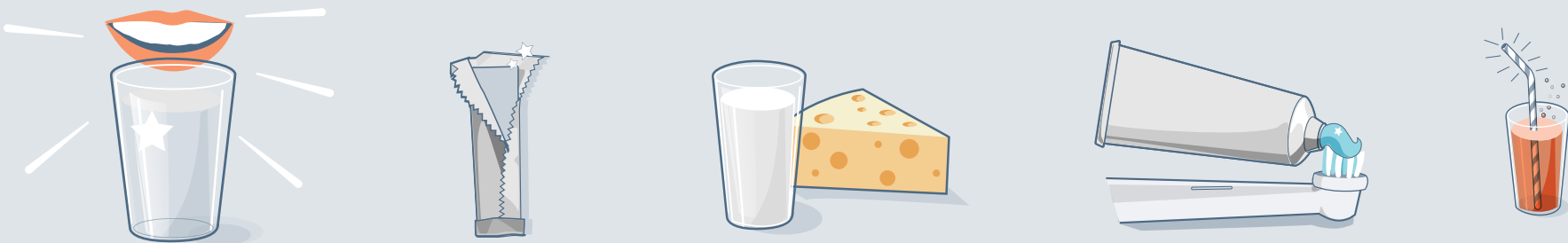
Erosion is irreversible.

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>

CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



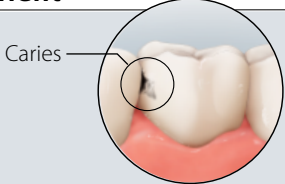
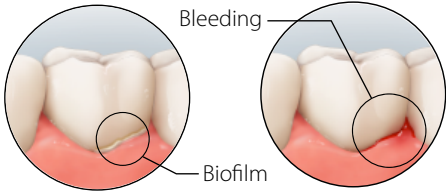
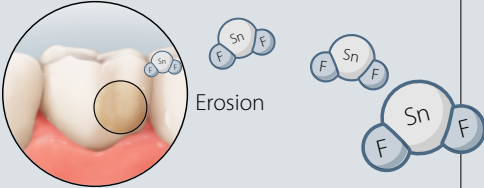
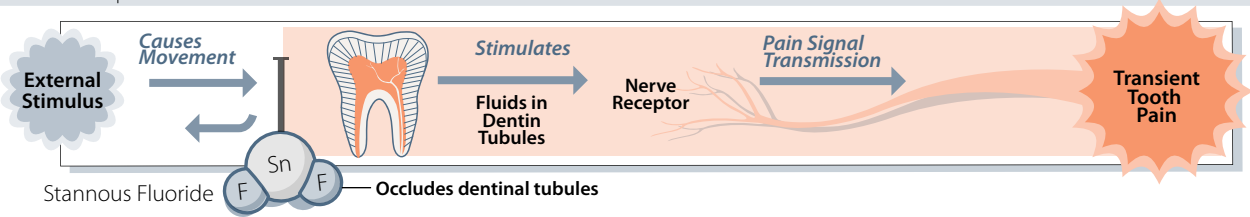

Prevention and Management of Erosive Tooth Wear

Drink water
Chew sugarless gum
Dairy after acidic foods
Brush with a Stannous Fluoride toothpaste
Use a straw for acidic beverages

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

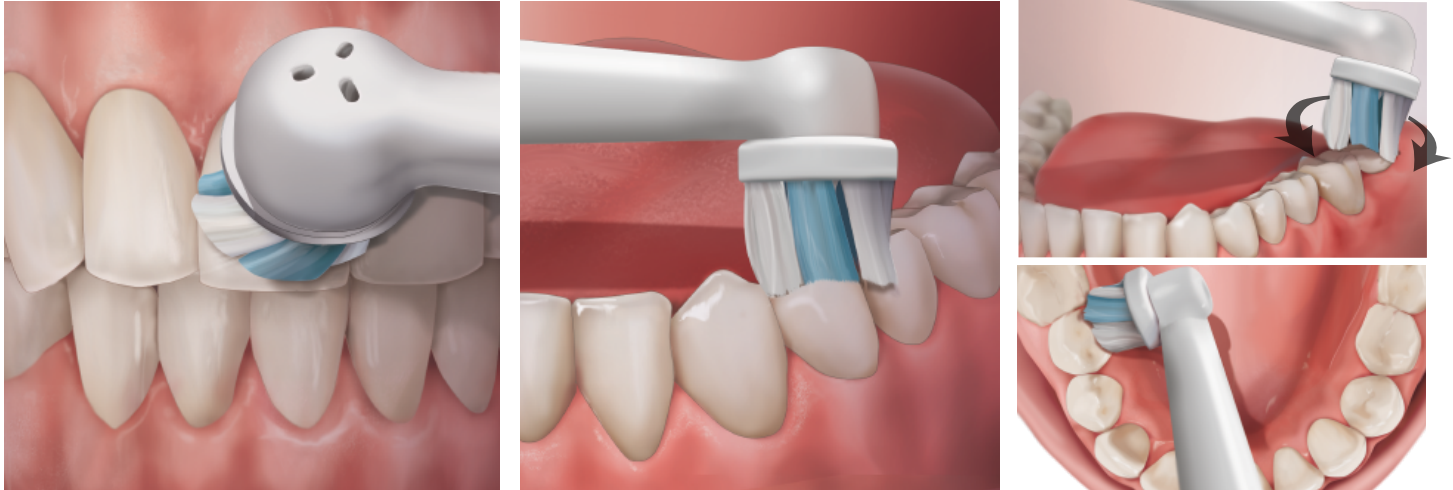
Stannous Fluoride

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="1454 425 2173 618" style="border: 1px solid black; padding: 5px;"> <p>Patients are 3.7x more likely to transition to gingival health using a stabilized, bioavailable Stannous Fluoride toothpaste versus sodium fluoride or MFP1.¹</p> </div>
<p>Prevents erosion</p> 	<p>Has the potential for slowing the progression of erosive tooth wear <i>(European Fed of Conservative Dentistry)</i></p> <div data-bbox="1607 644 2051 815" style="border: 1px solid black; padding: 5px;"> <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>Stannous Fluoride Occludes dentinal tubules</p>
<p>Reduces halitosis</p> 	

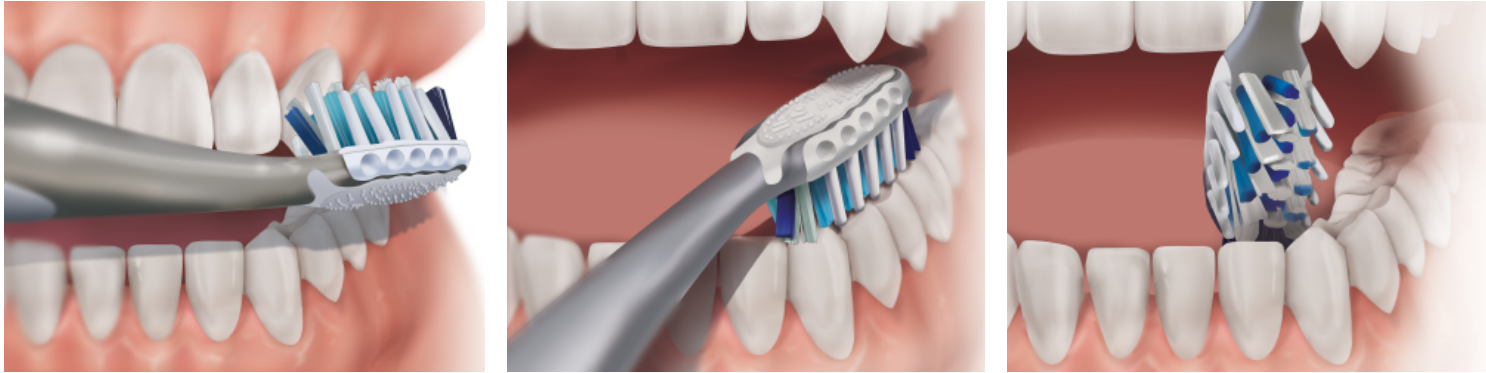
1. Biesbrock A, et al. The Effects of Bioavailable Gluconate Chelated Stannous Fluoride Dentifrice on Gingival Bleeding: Meta-Analysis of Eighteen Randomized Controlled Trials. J Clin Periodontol. 2019 Sep 28.

Brushing Instructions

Power

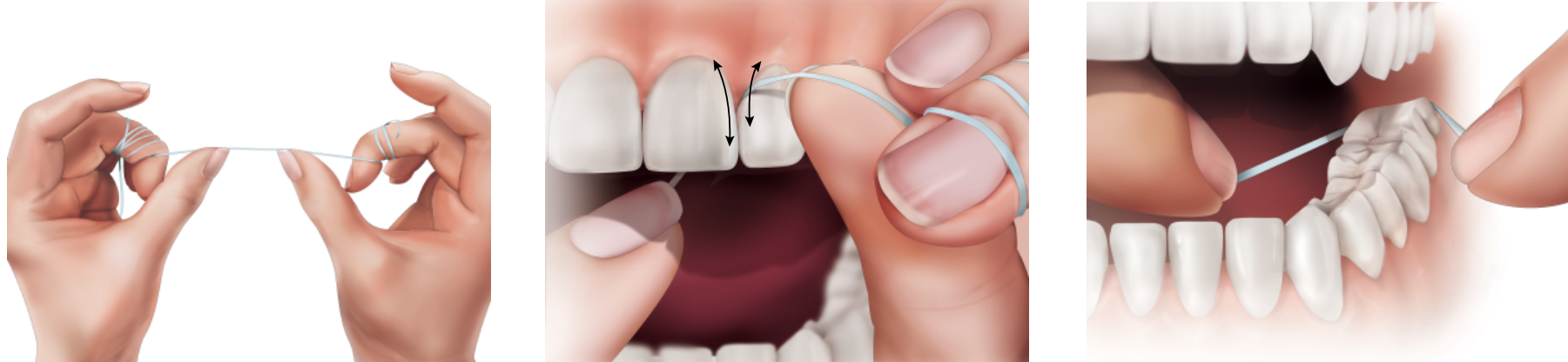


Manual

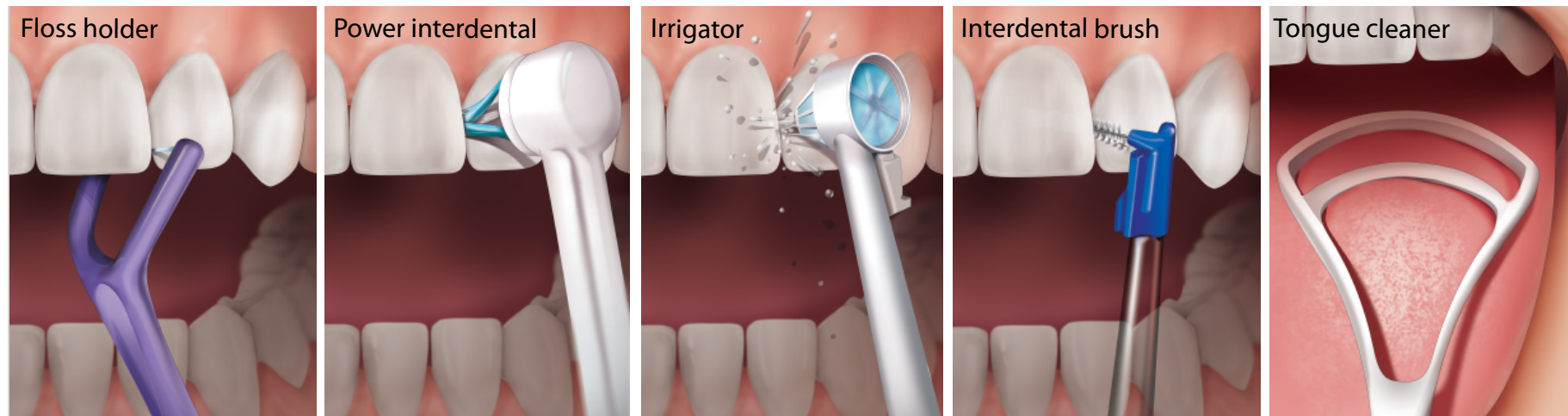


Interdental Cleaning

Flossing



Other methods



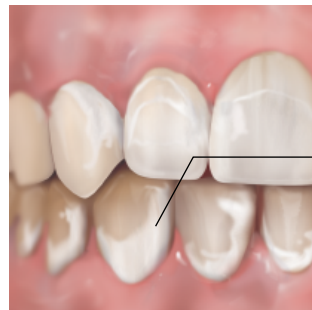
CONTINUING THE CARE
THAT STARTS IN YOUR CHAIR



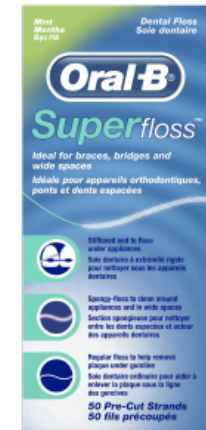
Tips for Orthodontic Patients



Improve Your Smile by Removing Plaque Effectively



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



Continuing Education

A dental CE library provided exclusively by Procter & Gamble's Crest + Oral-B lets you choose from more than 150 FREE on-demand dental continuing education courses.

- ✔ Patient Educational Materials
- ✔ Research Database
- ✔ Case Studies
- ✔ Crest + Oral-B Products



At Crest + Oral-b, we're committed to helping you educate your patients on oral health conditions, dental procedures, and proper oral hygiene techniques. Visit dentalcare.com to register today!