QI Editorial

Periodontal health: The foundation of predictable success

When I entered dental school in 1963, there were three primary issues in clinical dentistry: caries, periodontal disease, and tooth loss. Statistics from that era showed that nearly two-thirds of adult North Americans were edentulous by age 60, and both caries and periodontal disease were proclaimed among the most common diseases on earth.

Combinations of plaque control, fluoridated water supplies, and fluoridated toothpastes have diminshed early-life caries to historic lows around the world. And coincident with improved preventive practices, the number of edentulous patients has dropped to less than 10% of the population in many advanced societies.

Until 2 years ago, periodontal disease remained the most challenging of the common oral diseases, but now new genetic tests offer methods to more accurately predict who is most at risk for severe periodontal disease and subsequent tooth loss.

We have long understood that periodontal disease is intimately linked to bacterial plaque and that physical removal of that plaque is required on a regular basis. Public education is a long process, and motivation to change lifelong patterns of behavior can be hard to maintain. In a world that is increasingly occupied with quality of life issues, however, that motivation is easier to stimulate and maintain. Therein lies the key to successfully achieving and maintaining periodontal health among our patients and the population at large.

Periodontal diseases are vital contributing factors to oral disharmony and must be adequately managed and treated before restorative work can begin.

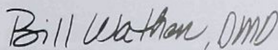
The major clinical factors to be evaluated in assessing our patients for periodontal disease are periodontal pockets, gingival bleeding patterns, and tooth mobility. While there are many "high-tech" applications (for example, electronic probing and tooth mobility measurements, gingival pocket temperature measurements, bacterial analysis, and crevicular fluid evaluation), periodontal probes and bidigital palpation are easily available to everybody who looks into a patient's mouth. Therefore, the assessment of our patients must include full-mouth periodontal probing and mobility assessment of all remaining teeth. Full-mouth periapical radiographs are the other common assessment tool.

Once periodontal disease is assessed and the patient understands the level of disease, sequential education and treatment begins. Obviously this varies with the degree of disease and the response to therapeutic interventions. Those interventions include: the decision to refer or not refer to a specialist, nonsurgical as well as surgical treatments, concurrent patient education and monitoring of home-care programs, and follow-up strategies.

The issue of home-care compliance is critical because, without it, successful treatment outcomes are essentially impossible. Educated, motivated patients are more compliant about maintaining a healthy mouth; therefore, maximum efforts must be made to educate the patient about the cause, course, and maintenance of periodontal diseases. Encouragement and personal attention are critical elements in helping patients make appropriate changes in behavior patterns.

Even though we have simple and inexpensive methods of controlling oral plaque, motivating patients to practice oral cleaning on a regular basis remains the most challenging difficulty. Most of us who have been in practice for very long agree that perhaps 25% of our patients adequately and regularly practice acceptable home care. Flossing technique is commonly lacking, and brushing time is almost always much less than patients realize. Plaque-disclosing tablets are the best strategy to help patients recognize both the quality and quantity of effort required for optimal oral health.

The time spent educating and reinforcing preventive behavior among our patients is well spent. The presence of health where there was previously disease is one of the great rewards of the health professions. If we collectively work toward diminishing both the incidence and severity of periodontal diseases among our patients, someone will write a similar editorial in the mid-21st century touting the triumph over widespread periodontal problems. Let's be part of that achievement!



William F. Wathen, DMD
Editor-in-Chief