



Guest Editorial Progressive Periodontal Therapeutics for the General Practice

Editor's Note: This editorial has been modified from an article that originally appeared in issue 1, volume 2 (2007, pp 29–30) of Grand Rounds in Oral-Systemic Medicine (www.thesystemiclink.com) with permission.

As a board-certified periodontist with 30 years of practice experience and appointments in both undergraduate and graduate dental education programs, I (along with many of my colleagues) have been concerned for several years that periodontal disease in the general population is not being treated as effectively as it should be. The long-term dental consequences of undiagnosed or under-treated periodontal disease are well known; however, emerging evidence to support a potential link between periodontal infection and systemic health problems creates a new imperative for early recognition and intervention in the treatment of periodontal disease.

Our profession has made tremendous strides in understanding the etiology and pathogenesis of periodontal disease and in the development of reliable diagnostic and predictable treatment strategies. Unfortunately, however, there is evidence that suggests that the dental profession may be failing to address issues of timely diagnosis of periodontal disease, appropriate treatment, and/or timely referral for treatment. As a profession our ethical and moral responsibility demands that these trends be reversed. It could be argued that every patient with teeth has some level of periodontal disease, ranging from localized, mild gingivitis to generalized, severe periodontitis. Each individual case should be provided customized, condition-appropriate treatment. Indeed, there is no one-size-fits-all treatment approach to care.

It is important to note that the sheer number of individuals with periodontal disease makes it impossible for periodontal specialists to treat every case. Fortunately, the vast majority of patients in general practices have only early to moderate periodontal disease. A well-trained dental hygienist, with the support of a progressive, periodontally oriented general dentist, should be able to provide appropriate and effective treatment to patients with this degree of disease progression. Even patients with advanced disease may benefit at least to some degree from nonsurgical treatment in the general practice. However, there are certain patients who would benefit from and need to be referred for periodontal specialty care. These include, among others, motivated patients with more complex and/or advanced disease, patients who do not respond adequately to periodontal treatment that has been provided in the general practice, and patients who have isolated periodontal problems requiring an "event" procedure that is not provided by the general practice.

It appears to me that the number of general practices with truly effective periodontal treatment and referral programs is significantly lower than it should be. Many patients with active periodontal disease in the general practice are being under-diagnosed or not diagnosed at all. Even when periodontal disease is correctly diagnosed, it may not be treated appropriately to provide successful long-term outcomes. I feel that a major cause of this problem is that hygienists and dentists have not been given the clear, concise parameters necessary to implement a successful periodontal program in the general practice.

The first step in overcoming this problem is for undergraduate dental and dental hygiene programs to develop curricula that teach students how to work with each other and with periodontal specialists to treat patients with periodontal disease. Both dental and hygiene students must finish their professional training programs with clear diagnostic, treatment, and referral criteria and with the skills necessary to effectively address periodontal disease in the general practice when it is appropriate.

Secondly, periodontal specialty organizations must develop proactive outreach programs taught by trained and credentialed periodontists that will help general practices implement and maintain effective in-office periodontal programs to provide appropriate periodontal care and/or referral for their patients. Through continuing education courses, seminars, and personal contact, periodontists must be willing to help general practice clinicians improve their diagnostic,



communication, and treatment skills so that they can provide more timely and effective periodontal treatment for their patients. At the same time, a concerted effort must be made by hygienists and general dentists to understand the criteria for specialty referral and to develop strong collaborative relationships with a periodontal specialist.

The progressive dentist who is committed to helping all patients establish the highest level of periodontal health will use this information to implement an effective periodontal treatment and referral program in the general practice. This requires that the general practitioner support the hygienist by providing adequate facilities, equipment, staff, time, and continuing education opportunities. An effective periodontal treatment and referral program also requires that the general practice team develop a strong collaborative relationship with a periodontal specialist who shares the same diagnostic, referral, and treatment philosophies. Finally, an effective periodontal program in the general practice requires a dental hygienist who has excellent disease recognition abilities, effective communication skills, and the knowledge base and technical expertise necessary to provide condition-appropriate treatment and/or referral for periodontal specialty care.

It is true that the last 30 years of science have netted unprecedented gains in periodontology. Yet, advances we have achieved in diagnosis and treatment of periodontal disease will be lost to patients unless application of this information can be transferred into the daily practice of general dentists, dental hygienists, and periodontists alike.

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