



Home Care is Therapeutic. Should We Use the Term “Home-care Therapy” Instead of “Instructions”?

Periodontal disease is primarily caused by subgingival dental plaque, containing red-complex bacteria.^{1,2} In light of cause-related therapy, in addition to professional non-surgical or surgical debridement, patients' effective plaque removal is an indispensable step to successfully manage periodontal disease with long-term stability.³⁻⁶ We as dental professionals conventionally refer to this step as 'oral hygiene instructions' or 'home-care instructions'. During this instructional session, clinicians should clearly explain to their patients the primary aetiology of periodontal disease, bacteria in dental plaque, and its critical role in the overall pathogenesis.^{3,7} This step should be followed by patient-specific recommendation for oral hygiene devices and aids, based on the clinical findings (i.e. size of embrasure, presence of furcation lesion, accessibility) and patient factors (i.e. manual dexterity, motivation, periodontal status).³ Clinicians should demonstrate the proper use of these tools on a dental model as well as in the patient's own mouth. A plaque disclosing tablet or solution may be utilised to visualise the areas to which patients should pay more attention to obtain lower plaque scores.⁸ Clinicians should then ask patients to 'teach-back' using the oral hygiene tools to ensure effective learning. The entire process should be repeated in consecutive visits to confirm patients' proficiency in using the tools and improve their compliance.^{3,9} Active professional therapeutic intervention (i.e. scaling and root planing, periodontal surgical therapy) should be executed only after the patient achieves and maintains adequate plaque control.¹⁰ However, we clinicians often give up too easily on this educational process and sometimes even mistakenly assume patients will not change their oral hygiene behaviour. Instead, we prematurely deliver our professional interventions and often compromise the expected outcome. As clinicians, can we do better at motivating our patients to more actively participate in the treatment of their periodontal disease? Can we help our patients understand their need to take a more active role by actually practicing what they were 'instructed' to do?

In this context, it is suggested that dental professionals use terms such as 'oral hygiene therapy' or 'home-care therapy' instead of merely 'instructions'. This will allow patients to better understand that what they perform at home is indeed therapeutic in nature, and also that it is a critical part of the overall treatment plan and periodon-

tal therapy. We and our patients should consider this a therapeutic phase, as we know that omitting it has a detrimental effect on the long-term results of the treatment. This will further ensure the successful outcome of the treatment we provide as well as its sustainable results. The same concept can be applied to the successful management of dental caries, another chronic oral disease caused by dental plaque. Starting today, shouldn't we use the terms 'home-care therapy' or 'oral hygiene therapy' instead of 'instructions'?

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