It has been a long time since the last PerioCourses Newsletter but better late than never! The last year has been incredibly busy for Phil as he has been President of the British Society of Periodontology, a huge honour of course but a significant extra workload, hence the absence of PCL news. As BSP President for 2016 Phil has overseen a new BSP logo, a completely revamped BSP website, revised BPE guidelines, the brand new Good Practitioner’s Guide to Periodontology (in both hard copy and e-learning format - and still completely free!), a massive gum health public awareness campaign and two big conferences, the BSP Spring Conference in Oxford in April and the 3rd PanDental meeting in Birmingham in November. Phew!

Details about all the new BSP publications and activities can be found on the BSP website - [www.bsperio.org.uk](http://www.bsperio.org.uk) - so if you haven’t visited the site yet go and have a look as there are many useful resources for practice on the site, all of which are free. And while you’re there why not join the BSP!

2016 has been a busy year for the PerioCourses team and we’ve planned an exciting series of courses for 2017 which can be booked now on the periocourses website - all small group courses so [BOOK NOW](http://periocourses.co.uk) while there are still spaces left.

Have a great Christmas and New Year and see you in 2017!

Best wishes

Phil, Ian, Sarovi and Marilou

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<th>PERIO COURSES FOR 2017</th>
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<td><strong>Perio Masterclass for General Practitioners</strong> - A 4-day Masterclass</td>
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<td><strong>Essentials of Perio Management for the Dental Team</strong></td>
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Further courses to come in the Autumn - keep an eye on the website for details...
Systemic antibiotic use in severe chronic periodontitis - the controversy continues

We often discuss the use of systemic antibiotics in the treatment of periodontitis on our courses and we always make the point that adjunctive use of systemics for the treatment of generalised aggressive periodontitis is widely accepted now and is no longer controversial because there is a wealth of evidence that shows its effectiveness in managing these patients. However the use of systemics in managing chronic periodontitis is far more controversial and many people believe that antibiotics should not even be considered in these cases. There hasn’t been that much evidence to support antibiotic use in chronic disease but this study did just that - investigating the combination of amoxicillin and metronidazole over 7 days as an adjunct to non-surgical therapy. Just over 100 patients with severe chronic periodontitis were randomly assigned to one of three groups - full mouth treatment with placebo, full mouth treatment with 3 days of amox/met or full mouth treatment with 7 days of amox/met. The main clinical measure was the mean reduction in the number of residual sites with pockets over 6mm. Both the antibiotic groups did better than the placebo group (28-30 sites reduced compared to 17), supporting the use of systemic antibiotics in the treatment of severe chronic periodontitis. However the authors didn’t attempt statistical analysis of the two antibiotic groups - ie is a 3 day course as effective as a 7 course? - because statistically they would have required far more patients to make this a valid comparison. On the strength of these results though it looks as though 3 days of antibiotics may be as effective as a 7 day course and this has been our clinical experience - patients who stop their antibiotics after a few days seem to respond just as well as those who take the full 7 days. So the message remains the same - only use systemic antibiotics in the most severe cases which are not responding and only use them as an adjunct to non-surgical therapy.


A few papers that have aroused our interest over the last few months:
Prognostics in periodontal treatment?

Another favourite topic of ours for discussion, as those of you who’ve attended our courses well know! We do a fun exercise on prognosis estimation to make the point that as a profession we are pretty rubbish at getting periodontal prognosis right and here is another study to support this contention. This is another study that has related tooth loss to initial prognosis (rather like the ‘prognosis vs actual outcome’ studies from the late 90s by McGuire et al.). This study utilised data from Fardal’s Norwegian practice (he’s published data from practice in the past), looking at 1251 patients over a 12 year period to see if certain prognostic factors could predict what actually happened over the study period. The prognostic factors they identified for study were male gender, age and smoking. The main findings were: prognostic factors only identified a small proportion of patients who lost teeth; patients with no prognostic factors lost more teeth than those who had them; none of the prognostic factors were found found to be a risk factor for disease progression. Authors’ conclusion: “Applying prognostic factors to identify individual patients with poor long-term outcomes is associated with low accuracy.” Our conclusion: we’re still rubbish!


e-cigarettes - are they safe for gums?

This has come up at pretty much every course we run and up until recently we have always said that we don’t really know because there isn’t any evidence, even though we are aware that many studies are in the pipeline. The advice we have always given is that we should say to patients that we don’t know if vaping is safe for the gums but it may be better to assume that it isn’t and that it should be used as a form of nicotine replacement therapy and that patients should try and gradually cut down on the vaping until they stop all nicotine consumption altogether. So often however, largely because of the way vaping is pushed in the media, vaping is perceived as an entirely safe alternative to conventional cigarettes. As we have said on courses, given that the effects of nicotine on the gingival and periodontal tissues are largely topical effects, and given that there may be a higher concentration of nicotine in e-cig vapour, is it likely that vaping is periodontally harmless? We would think not. Well here is one the first studies we have seen to investigate vaping effects. This laboratory study has investigated the effects of flavoured nicotine vapour on cells at a molecular level and it has shown that e-cigs with flavouring cause increased oxidative stress and cytokine release in human periodontal ligament fibroblasts and epithelial cells and cellular DNA damage. Conclusion: “Overall, our data suggest the pathogenic role of e-cig aerosol to cells and tissues of the oral cavity, leading to compromised periodontal health.” Watch out now for studies on the clinical effects of vaping and keep advising patients of the potential dangers of vaping.

Does toothpaste help to remove plaque?

Several studies over the years have shown that brushing without any toothpaste can be more effective in biofilm removal than the traditional use of toothpaste. This is the first systematic review to collate all this evidence. In all 10 studies were included in the review. On average, 49.2% of plaque was removed with a dentifrice and 50.3% removed when brushing was performed without any toothpaste. In other words the use of toothpaste did not contribute to plaque removal and this was their conclusion. If this study had been published in the silly season (beginning of August) no doubt the Daily Mail would have run the “Toothpaste is a waste of time’ story but it escaped their notice thank goodness so we didn’t have to respond as we did when ‘flossgate’ hit the headlines. This is what we teach anyway - do all your cleaning without toothpaste then when you’re done have a quick whiz round with toothpaste to get that fluoride or other chemical adjunct that you want. Job done.


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IN-PRACTICE TRAINING

In-Practice Training days are a great way of getting your dental team out of the surgery and discussing all things perio for a day. Sometimes we do this in the practice but we also run these days locally in conference centres where facilities tend to be less cramped. This is a great way of getting everyone - and we mean everyone, reception staff included (they love it!) - up to speed on perio and singing from the same hymn sheet. These days always go down well and are a cost-effective way of ensuring that all the staff are getting enough CPD. Programmes are tailored to the needs of the practice so we'll discuss course content before the day and provide what YOU want.

To find out more go to the In-Practice Training page of the website

“It will no doubt be an essential text recommended by dental schools across the country…a fantastic learning source for undergraduate and postgraduate students, as well as dental professionals.” (British Dental Journal 2016)

“…excellent…fantastic…a must-have resource!” (Primary Dental Care 2016)

“…an excellent resource for any undergraduate/postgraduate student or GDP wishing to learn more about this fascinating subject and I would strongly recommend this book.” (Dental Update 2015)