



Welcome to Ian Dunn and Sarovi Davda who are both lecturing with PerioCourses

WELCOME BACK

Hello all periophiles! It's been a while since the last PerioCourses Newsletter and this 'bumper issue' will, I hope, represent a sign of things to come. A lot has happened since the last issue - PerioCourses now has a completely revamped website and, most importantly, I've been joined on the lecturing circuit by 2 new colleagues, Ian Dunn and Sarovi Davda. I am thrilled to have them on board and

I know they'll bring a fresh impetus to our work. You can read all about Ian and Sarovi on the website and hopefully you can meet them on a course sometime. Together we've trawled the perio literature for you and pulled out some papers that we know will be of interest to you. As ever, we'd love to get your feedback and you can contact all three of us through the website.

Phil Ower

FACEBOOK

Those of you who have attended our courses will know how sociable we are at PerioCourses. To take that one stage further we are now sociable networkers with our very own Facebook page. Why not find us on Facebook and "Like" us so that we can keep you updated with our goings on and all things perio!

Search for "PerioCourses" or type the following link into your browser:

<http://www.facebook.com/pages/PerioCourses/160072060686324>

Ian

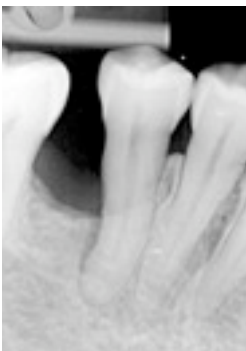
Look what non-surgical therapy can do!



Start



1 year



2 years

AVOIDING THE KNIFE!

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Treating periodontal disease may improve metabolic control in diabetes

Background

The Cochrane Review (highest quality evidence!) published in their 2010 library a systematic review looking at the relationship between periodontal therapy and glycaemic control in people with diabetes. This is the first Cochrane review looking at the effect of periodontal therapy on the nature of a systemic disease, so V.I.S! - 'very important stuff!' The review included seven randomised controlled clinical trials of people with type 1 or 2 diabetes mellitus with a diagnosis of periodontitis. Therapy included mechanical debridement, with or without adjuncts, and oral hygiene education. HBA1c levels before and after management were examined.

Findings

A statistically significant reduction in HBA1c ($P=0.04$) was found after therapy compared with the 'no treatment' control group.

Comment

Although modest, results indicate that periodontal treatment reduces HBA1c levels. Considering the grave consequences of diabetes and the high prevalence of periodontitis, this potentially translates into a very important public health issue. So, how should this effect our clinical practice? Well, firstly, it is an important part of our assessment to screen patients for diabetes. Secondly, patients should be passed on the evidence regarding the relationship between periodontitis and diabetes. Lastly, patients should be given options of treatment available. A final decision on the type of therapy should be holistically approached; patient-centered, minimally invasive and evidence based.

Ref: Treatment of periodontal disease for glycaemic control in people with diabetes. Cochrane Database of Systematic Review 2010, Issue 5

Non-surgical therapy and infrabony defects, was Phil right all along?

Background

Many of you who have been on our non-surgical modules will have marveled at some of the clinical cases that Phil has presented showing bony infill in significant infrabony defects using non-surgical therapy alone. Well we don't just have to take Phil's word for it as Nibali et al have published a retrospective study looking at 143 consecutive patients treated non-surgically. Out of that group, 126 infrabony defects were identified in 68 patients. Data was collected clinically and radiographically and multilevel analysis was performed.

Findings

Within the confines of a retrospective study a number of trends could be seen. Smokers responded less favorably (to be expected I suppose), those who had systemic antibiotics (Localized aggressive patients) responded favorably in terms of radiographic defect depth. Some defects displayed complete bone fill!

Comment

Phil was right all along! Non-surgical therapy can improve and sometimes completely resolve infrabony defects. For those that don't resolve, come on module 5 and we'll show you how to manage them surgically with regenerative surgical techniques.

Ref: Clinical and radiographic outcomes following non-surgical therapy of periodontal infrabony defects: a retrospective study. J Clin Periodontol 2011 38:50-57

Ian

How long do multirrooted teeth with furcation involvement survive with treatment?

Background

It has long been believed (unless you have come to our courses!) that multi rooted teeth with furcation involvement have a 'poor prognosis'. This systematic review looked at 22 studies. Case studies, review articles and studies of less than 5 years duration were excluded.

Findings

After 5-9 years, more than 90% of teeth treated non surgically survived. The most common complications were caries in the furcal region following tunnelling procedures and root fractures after root resection.

Comment

The systematic review has a few limitations that are important to recognise. The data available to review this particular subject is limited; there are no trials, most studies are retrospective and the studies are heterogenous in their nature. Also, studies were selected from only one database; (MEDLINE) decreasing their scope and increasing risk of bias (if this is all a foreign language to you then attend Module 4 and all will become clear!). However, good survival rates (up to 100%) of multirrooted teeth with furcation involvement are shown and this is comparable to implant retained prostheses. This is an important factor to bear in mind when treatment planning, strengthening the 'let's just see' approach.

Ref: The effect of periodontal therapy on the survival rate and incidence of complications of multirrooted teeth with furcation involvement after an observation period of at least 5 years: a systematic review. J Clin Periodontol 2009;36: 164-176

Sarovi

Association between periodontal condition and use of tongue piercing: a case-control study

Pires et al, J Clin Periodontol 2010; 37: 712-718

Sixty patients with tongue piercing and 120 controls without (13-28 years of age) were compared for periodontal variables. The test group were found to have an 11x greater risk for lingual gingival recession. It may be worth pointing out the drawbacks of such activity to patients in these young age groups.

Association between calcium channel blockers and gingival hyperplasia. Kaur et al, J Clin Periodontol 2010; 37: 625-630

This study looked at the risk of gingival hyperplasia when patients are given calcium channel blockers (CCBs) for hypertension, compared to other antihypertensive drugs. In the population studied in Holland 103 hyperplasia cases were matched to 7677 controls. CCB patients were found to be twice as likely to get hyperplasia than users of other antihypertensive drugs. The association was dose dependent.

Modified periodontal risk assessment score: long term predictive value of treatment outcomes. A retrospective study. Leininger et al, J Clin Periodontol 2010; 37: 427-435

The periodontal risk assessment system (or 'Spiders Web') is a freely available (<http://www.dental-education.ch/riskassessment/>) and validated method for assessing risk in periodontal maintenance patients and gives an indication of recommended maintenance intervals. This study used the surface area of the shaded part of the spiders web to see if this correlated with long term tooth loss and susceptibility to periodontal disease. It did! The study also confirmed the positive influence of patient compliance on periodontal treatment outcomes.

Significance of Periodontal Risk Assessment in the recurrence of periodontitis and tooth loss.

Matuliene et al, J Clin Periodontol 2010; 37: 427-435

This study examined the PRA categories (low, moderate and high risk), using the validated 'Spiders Web' system (<http://www.dental-education.ch/riskassessment/>) to see whether the scores predicted disease recurrence and tooth loss. The study followed 160 patients for an average of 9.5 years. Recurrence occurred in 18% of low risk patients, 42% of moderate risk and 49% of high risk. High risk patients lost more teeth (2.6) than moderate risk (1) or low risk (1.2). Overall compliant patients lost fewer teeth (1.1) than non-compliant patients (3.1). The study shows the value of the PRA system for SPT patients and the importance of compliance in all risk groups.

Short-term benefits of the adjunctive use of metronidazole plus amoxicillin in the microbial profile and in the clinical parameters of subjects with generalized aggressive periodontitis.

Mestnik et al, J Clin Periodontol 2010; 37: 427-435

This was a well designed study on 30 GAgP subjects receiving non-surgical alone or with systemic antibiotics. Yet again it was shown that GAgP subjects benefit significantly from adjunctive antibiotics, both clinically and microbiologically. This was only a short-term study (3 months) but other recent studies have shown that such short-term benefits in the microbial profile may determine long-term stability.

Efficacy of a low concentration chlorhexidine mouthrinse in non-compliant periodontitis patients attending a supportive periodontal care programme. Escribano et al J Clin Periodontol 2010; 37: 266-275

All 47 patients in this well designed RCT were non-compliant patients. The test group got low dose CHX + CPC mouthwash while the control group got a placebo mouthwash. After 3 months plaque levels and BOP increased in the placebo group but reduced in the test group. So such preparations have effects but maybe patients would do even better if they were more compliant in the first place?