Global Periodontal **Health Project**

Patient risk assessment

The following Patient risk assessment can help you categorize your patient's risk profile as either LOW, MEDIUM or HIGH. The periodontal risk assessment system should be used in conjunction with Table 1.

Based on your observation of the patient, write down a score for each item and calculate your patient's overall risk score.

ABBREVIATED ASSESSMENT

An abbreviated assessment can be completed if it is not feasible to complete the full

questionnaire. If the patient has any of the listed items, he/she should be considered at risk, and

necessary professional advice should be given.

Severe periodontitis

Q	Item	Score = 0	Score = 1	Score = 2	Score = 3
1	Loss of teeth due to periodontal diseases	No tooth loss			Tooth loss due to periodontitis
2	Bleeding on probing	< 20% of teeth	20–50% of teeth	> 50% of teeth	
3	Probing depth	<= 3mm	> 3–5mm	Localized tooth sites > 5mm	Generalized tooth sites > 5mm
4	Diabetes	No	well controlled (HbA1c < 7%)		poorly controlled/ uncontrolled (>= 7%)
5	Smoking	No	< 10 cigarettes per day	10–15 cigarettes per day	> 15 cigarettes per day
6	Bone loss	No	initial bone loss	< 1/3 of the root length	>= 1/3 of the root length
7	Heavy plaque deposits covering	< 10% of teeth	10–50% of teeth	> 50% of teeth	
		CATEGORY TOTAL	CATEGORY TOTAL	CATEGORY TOTAL	CATEGORY TOTAL
					TOTAL SCORE

ASSESSMENT OF PATIENT'S RISK PROFILE

LOW FINAL SCORE = 0-5

MEDIUM FINAL SCORE = 6-10

HIGH FINAL SCORE = 11–19

Typical biofilm-induced gingivitis

NOTE This scorecard is using the main risk factors but other risk factors could influence periodontal health, e.g excessive alcohol and sugar consumption.

EXAMPLE Patient Diak	Drefiles using the notiont risk of	ecoment en veveres side
EXAMPLE Patient Risk	Profiles using the patient risk as	sessment on reverse side
		HIGH
No tooth loss due to periodontitis	Q1 No tooth loss due to periodontitis	O1 Teeth loss due to periodontitis 3
2 Bleeding on probing: 20–50% of teeth 1 3 Probing depth: 3–5 mm 1	Q2 Bleeding on probing: 20–50% of teeth 1 Q3 Probing depth: 3–5 mm 1	Q2 Bleeding on probing: > 50% of teeth 2 Q3 Probing depth: localized tooth sites > 5 mm 2
4 No diabetes 0 5 Non-smoker 0	Q4 No diabetes 0 Q5 Smoker (< 10 cigarettes per day)	Q4 Diabetes: well controlled (HbA1c < 7%)
6 No bone loss 0 7 Inadequate oral hygiene with visible/detectable plaque covering 10–50% of teeth 1	Q6 Bone loss < 1/3 of the root length 2 Q7 Inadequate oral hygiene with visible/detectable plaque covering 10–50% of teeth 1	O6 Bone loss >= 1/3 of the root length 3 O7 Poor oral hygiene with visible/detectable plaque covering > 50% of teeth 2
TOTAL SCORE 3	TOTAL SCORE 6	TOTAL SCORE 15
	PATIENT WITH	

Initial to moderate periodontitis

Periodontal Diseases Prevention and management of patients

Periodontal diseases are chronic inflammatory diseases of bacterial aetiology that affect the tooth-supporting soft and hard tissues:

- Plaque-induced gingivitis is a gingival inflammation without bone loss.
- **Periodontitis** is an inflammation of the gingival tissues resulting in loss of alveolar bone.

TABLE 1 PERIODONTAL DISEASES PROGRESSION

Table 1 provides a means of assessing a patient's periodontal status as gingival/periodontal health, gingivitis or periodontitis, using common signs/symptoms that can be easily identified using only a periodontal probe and an x-ray. Early detection of the disease empowers general practitioners and/or dental hygienists to prevent progression and help patients improve and maintain their own oral/periodontal health.



*Please consult national guidelines and recommendations on periodontal diseases management and prevention

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Table 2 below gives you an example patient for each category and practical guidance to effectively manage such a patient. It should be used in conjunction with Table diseases progression. To determine your patient's risk profile, please refer to the **Patient risk assessment** at the back.

PATIENT'S RISK PROFILE			LOW TOTAL SCORE = 0-5		MEDIUM TOTAL SCORE = 6-10][
	F	•	Enhance plaque control for good oral hygiene Eliminate clinical signs of inflammation					
	ATMEN	ŀ	Avoid progression to periodontitis] [•	Arre	
		•	Maintain long-term periodontal health					
	ТКЕ					•	Rege Surg Furti	
	, E	•	 Professional Mechanical Plaque Removal (PMPR): Effective control of plaque and removal of the calculus thre Perform scaling using sonic/ultrasonic scalers and hand in Removal of stains/colorations on tooth surfaces and newly 	h supra- and sub-gingival scaling and root debridement ments (scalers and curettes) with effective management of pain/d med calculus through prophylaxis and air polishing if appropriate	scom	ıfort		
TREAT YOUR PATIENTS	HECTI RAPY				 Subgingival debridement using hand and/or ultrasonic instru Evaluate the need for adjunctive antimicrobial therapies 	ment	ts	
	ANTI-I		 Provide Oral Hygiene Instructions (OHI) to patient: 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation Use soft, small-headed brushes with end-rounded bristles Daily interproximal cleaning with interdental brushes and/or dental floss in sites with narrow interdental spaces Additional approach to be adapted to patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven 					
					I		1	
	DRRECTIVE THERAPY				 Re-evaluate initial treatment response Consider surgical interventions or referral to a periodontist if inflammation persists despite good oral hygiene][·	Cons if inf 5mm	
	Ŭ.			·	Advise behavioural change and engagement in practical act	ons		
			 Recall for supportive periodontal therapy (SPT) once or twice per year 	ŀ	 Recall for supportive periodontal therapy (SPT) twice per year upon professional recommendation 	ŀ	Reca than	
LONG-TERM MAINTENANCE/ FOLLOW-UPS			 Polish tooth surfaces (bristle brush, rubber cup and air polish Oral Hygiene Instructions (OHI) and professional homecare re 		er to be adapted to patient) to prevent plaque re-accumulation ecommendation			
				•	Continuous risk assessment and risk factor control			
			PRIMARY CARE AND PREVENTION, DELIVERED MOSTLY BY A DENTAL HYGIENIST		PRIMARY CARE AND PREVENTION, DELIVERED MOSTLY BY A DENTAL HYGIENIST AND/OR DENTIST		CO FC	



le	1,	which	allows	assessment of periodontal	1



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