



Nov/Dec 2011

Volume 32, Issue 5

Health, Beauty, Prosperity and Periodontics

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Preventing disease and maintaining a healthy natural dentition is still the main focus of periodontics, and treatment of periodontal disease and peri-implantitis is becoming more successful and predictable. However, when it is not possible to maintain the natural dentition dental implants provide excellent treatment options for patients. While implants are highly effective, dentists should not forget that they possess a number of new regenerative techniques that when delivered by periodontists in collaboration with a restorative office can allow patients to maintain teeth that would have been lost in the past.

There is little disagreement that a healthy periodontium sets the stage for restorative success. All dentists understand the importance of a periodontium without inflammation, with minimal probing depths, adequate keratinized tissue, stable occlusion, mobility within normal limits, appropriate tooth lengths and gingival contours, a healthy biologic width, elimination of pigmentations or tattoos, full papillae, and intact dentitions. Contemporary periodontal therapy can deliver these elements essential to restorative success on a predictable basis.

Patients may not know or care much about the outcomes mentioned above, but they do care very much about their benefits. Clinicians who understand what patients really want can present treatment in terms of what is important to patients. When communicating to patients, there needs to be more of an emphasis on health than on disease, so that periodontists and their restorative partners can work together better to offer today's patients the health promoting treatment and esthetic procedures they desire.

Health Considerations

Identification and control of risk factors have always been important elements in treating periodontal diseases. Local factors include elements such as pre-existing disease, deep probing depths, plaque retentive areas, and defective restorations; systemic factors include, among other things, poorly controlled diabetes, smoking, stress and coping behavior, and osteopenia. Background determinants such as age and genetic influences also may play a role in placing patients at greater risk for periodontal diseases. Including management of these and other risk factors should be part

A yearly assessment and formal reevaluation on a regular basis is essential to determine the periodontal diagnosis and

implants.¹ Every patient is different. Patients with furcations and vertical defects are at higher risk of progressing disease with no furcation involvement. A patient under 40 years of age with moderate periodontal disease may present more difficulty with moderate disease. These people need to be identified earlier and seek appropriate treatment sooner. This can only be achieved through comprehensive periodontal evaluations.

The key to treating the enormous number of patients who need periodontal care starts with triage. Risk assessment is used to safely treat patients in general practice and those who need referral and more sophisticated care. A patient with less than 4-mm probing depths, limited tooth mobility, and no furcation involvement as a general rule can be safely treated in a general practice. Patients with greater than 5-mm probing depths, furcations, intrabony defects (especially vertical), and mobility are patients who need to be seen early in the process.

Add to this the growing awareness of links between periodontal and systemic disease that are driven by inflammation. It now seems that inflammation itself is driving an ever-growing list of chronic diseases. This inflammation is not localized to the gums; it causes redness, swelling, suppuration, and bleeding on probing, leading to hard and soft tissue loss; it also increases the systemic inflammatory response. Growing evidence that chronic adult periodontitis puts patients at risk for a large range of inflammatory diseases: respiratory disease, rheumatoid arthritis, cardiovascular disease, diabetes, and many more. The linkages with some of these diseases are strong. Patients who have diabetes, eliminating their periodontal disease may make their glycemic control better; conversely, controlling their periodontal disease may help to bring their diabetes under control. That adult periodontitis is now being seen as one of many chronic diseases with a common denominator underscores the importance of regular assessment and early intervention.

There is no doubt that working together in a collaborative approach offers the opportunity not only to improve the patient's oral health but also their overall health as well. Contemporary periodontics offers a wider range of skills and effective procedures than simply the treatment of periodontal disease.

Informed Consumers

As the world moves from a handshake to a keystroke, patients are transforming into informed consumers with an increasing array of choices. To be successful, clinicians should be prepared to provide those treatment options and to fulfill those choices.

Case in point is the baby boomers, who began turning 65 years old in 2011. By 2020, 1 in 5 of dental patients will be baby boomers. They value prevention, are presenting with more teeth than any other generation in history, they also tend to present with a variety of chronic diseases. To be able to manage those diseases effectively, for this reason, risk assessment as mentioned above, to be proactive against future diseases, will be more important than ever. But for this group, living longer is not enough. They want to live well. They have the money to pay for it. They are interested in wellness, cosmetics, comfort, and value in the treatment at the dental office. They will allow to treat them and the types of treatments they will accept.

Discretionary Dentistry

It is clear that there is movement from needs-based dentistry toward wants-based dentistry, therefore dentists need to present treatment in terms of what's important to their patients, dentists need to ask open-ended questions and listen to what patients want. Patients are interested in reducing inflammation or reducing probing depths, but they are interested in preserving bone, eliminating disease, having fresh breath, and saving time and money in the future.

Dentistry is evolving from disease treatment and prevention to health promotion. Clinicians cannot be prosperous unless they spend most of their time providing services people want, not just need.

Unfortunately, many dental professionals think that all periodontists have to offer is root planing and scaling, osseous recontouring. Comprehensive periodontal therapy offers many treatment options that can greatly add to our patient's quality of life and overall oral care. Procedures such as root coverage grafts (Figure 1 and Figure 2), esthetic crown lengthening, ridge augmentation and soft tissue reconstruction are high value treatment options. In addition to these, periodontists are often the best to partner with restorative dentists because of their understanding of occlusion and the importance of maintenance care.

Collaboration with a periodontist can also create new revenue streams for the restorative office. For example, periodontists can restore teeth even if they have been restored. There are many patients that would be interested in having old crowns and bridges recontoured. Contour contours could be reestablished. This is now possible. The restoration is removed and the new provisional margin is placed. The restorative margin is eliminated and the previously restored root surface is covered with a soft tissue graft. The tooth is restored and the restoration is seated.

Computer-guided implant dentistry is another area ripe for collaboration. Implant cases from simple to complex can benefit from input from both the restorative team and the periodontal surgeon. This allows for precise implant placement which makes many situations the placement of provisional restorations on the day of implant insertion.

Benefits of Collaborative Care

There is no doubt that periodontists and restorative dentists can improve their practices simply by working together as a team. Efficiency is by reducing overhead: There is no reason all clinicians need to own or maintain expensive imaging or CADCAM. Collaborating practitioners can also reduce chair time by concentrating on what they do best. Both laboratory expenses are reduced with a partner who places implants precisely and avoids recession due to well-executed periodontal procedures, and increases case acceptance, when patients are given the same treatment recommendations by both offices.

Collaboration also offers the flexibility to innovate and increase the clinician's scope of practice without significant capital investment. For example, conscious sedation or sophisticated regenerative procedures—otherwise unavailable in a solo clinician's practice. Collaborating include co-marketing and coordinating patient education.

Ultimately, the greatest benefit of collaborative care is the opportunity to offer the superior outcomes people—especially patients—value. Value is what they remember long after they forgot which tooth was restored. Value increases value in their experience in the clinician's office.

On the Horizon

Periodontics is not standing still. For example, research using living cells, growth factors and a variety of matrices is all making hard and soft tissue more predictably and often without donor sites. Computer-guided implant placement and digital imaging will allow them to deliver implants and their restorations more rapidly and with greater precision. Drugs, both local and systemic, will treat periodontal diseases and peri-implantitis more effectively by reducing inflammatory mediators and stabilizing attachment. Time assessment of disease activity and allow them to personalize treatment. Perio plastic procedures will continue to evolve. Papilla will finally be possible. All of this and more is just around the corner and the journey will be best traveled together.

Conclusion

With a collaborative approach, restorative dentists and periodontists can help not only patients' periodontal health, but also their overall oral health. Especially doing the kind of dentistry described, positions clinicians perfectly in the marketplace by providing two complementary services to a customer base who particularly values these outcomes.

References

1. AAP Statement on Comprehensive Periodontal Therapy. *J Periodontol.* 2011;82(7):943-947.

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