



## Complete Summary

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### GUIDELINE TITLE

Parameter on chronic periodontitis with slight to moderate loss of periodontal support.

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on chronic periodontitis with slight to moderate loss of periodontal support. J Periodontol 2000 May; 71(5 Suppl):853-5. [27 references]

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

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## SCOPE

### DISEASE/CONDITION(S)

Chronic periodontitis with slight to moderate loss of periodontal support

### GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness  
Evaluation  
Treatment

### CLINICAL SPECIALTY

Dentistry

### INTENDED USERS

Dentists

### GUIDELINE OBJECTIVE(S)

To provide a parameter on the treatment of chronic periodontitis with slight to moderate loss of periodontal supporting tissues.

#### TARGET POPULATION

Patients with chronic periodontitis with slight to moderate loss of periodontal supporting tissue.

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Elimination, alteration, or control of systemic risk factors
2. Instruction, reinforcement, and evaluation of the patient's plaque control
3. Supra- and subgingival scaling and root planing
4. Antimicrobial agents
5. Elimination or control of local factors including, removal/reshaping of restorative overhangs and over-contoured crowns, correction of ill-fitting prosthetic appliances, restoration of carious lesions, odontoplasty, tooth movement, restoration of open contacts resulting in food impaction, treatment of occlusal trauma, and extraction of hopeless teeth
6. A periodontal examination
7. Periodontal maintenance
8. Periodontal surgery including, gingival augmentation therapy, regenerative therapy and resective therapy
9. Other treatments including, refinement therapy, treatment of residual risk factors and problem focused surgical therapy

#### MAJOR OUTCOMES CONSIDERED

Efficacy of therapy, as noted by changes in:

- gingival inflammation
- probing depths
- clinical attachment
- plaque level

## METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

## METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

# RECOMMENDATIONS

## MAJOR RECOMMENDATIONS

### Therapeutic Goals

The goals of periodontal therapy are to alter or eliminate the microbial etiology and contributing risk factors for periodontitis, thereby arresting the progression of the disease and preserving the dentition in a state of health, comfort, and function with appropriate esthetics; and to prevent the recurrence of periodontitis. In

addition, regeneration of periodontal attachment apparatus, where indicated, may be attempted.

## Treatment Considerations

Clinical judgment is an integral part of the decision-making process. Many factors affect the decisions for the appropriate therapy(ies) and the expected therapeutic results. Patient-related factors include systemic health, age, compliance, therapeutic preferences, and patient's ability to control plaque. Other factors include the clinician's ability to remove subgingival deposits, restorative and prosthetic demands, and the presence and treatment of teeth with more advanced chronic periodontitis.

Treatment considerations for patients with slight to moderate loss of periodontal support include:

### Initial Therapy

1. Contributing systemic risk factors may affect treatment and therapeutic outcomes for chronic periodontitis. These may include diabetes, smoking, certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, human immunodeficiency virus (HIV) infection, substance abuse, and medications. Elimination, alteration, or control of risk factors which may contribute to chronic periodontitis should be attempted. Consultation with the patient's physician may be indicated.
2. Instruction, reinforcement, and evaluation of the patient's plaque control should be performed.
3. Supra- and subgingival scaling and root planing should be performed to remove microbial plaque and calculus.
4. Antimicrobial agents or devices may be used as adjuncts.
5. Local factors contributing to chronic periodontitis should be eliminated, or controlled. To accomplish this, the following procedures may be considered:
  - a. Removal or reshaping of restorative overhangs and over-contoured crowns
  - b. Correction of ill-fitting prosthetic appliances
  - c. Restoration of carious lesions
  - d. Odontoplasty
  - e. Tooth movement
  - f. Restoration of open contacts which have resulted in food impaction
  - g. Treatment of occlusal trauma
6. Evaluation of the initial therapy's outcomes should be performed after an appropriate interval for resolution of inflammation and tissue repair. A periodontal examination and re-evaluation may be performed with the relevant clinical findings documented in the patient's record. These findings may be compared to initial documentation to assist in determining the outcome of initial therapy as well as the need for and the type of further treatment.
7. For reasons of health, lack of effectiveness or non-compliance with plaque control, patient desires, or therapist's decision, appropriate treatment to control the disease may be deferred or declined.

8. If the results of initial therapy resolve the periodontal condition, periodontal maintenance should be scheduled at appropriate intervals (see related Parameter on Periodontal Maintenance).
9. If the results of initial therapy do not resolve the periodontal condition, periodontal surgery should be considered to resolve the disease process and/or correct anatomic defects.

### Periodontal Surgery

A variety of surgical treatment modalities may be appropriate in managing the patient.

1. Gingival augmentation therapy
2. Regenerative therapy
  - a. Bone replacement grafts
  - b. Guided tissue regeneration
  - c. Combined regenerative techniques
3. Resective therapy
  - a. Flaps with or without osseous surgery
  - b. Gingivectomy

### Other Treatments

1. Refinement therapy to achieve therapeutic objectives
2. Treatment of residual risk factors should be considered; e.g., cessation of smoking, control of diabetes
3. An appropriate initial interval for periodontal maintenance should be determined by the clinician (see related Parameter on Periodontal Maintenance).

### Outcomes Assessment

1. The desired outcome of periodontal therapy in patients with chronic periodontitis with slight to moderate loss of periodontal support should result in:
  - a. Significant reduction of clinical signs of gingival inflammation
  - b. Reduction of probing depths
  - c. Stabilization or gain of clinical attachment
  - d. Reduction of clinically detectable plaque to a level compatible with gingival health
2. Areas where the periodontal condition does not resolve may occur and be characterized by:
  - a. Inflammation of the gingival tissues
  - b. Persistent or increasing probing depths
  - c. Lack of stability of clinical attachment
  - d. Persistent clinically detectable plaque levels not compatible with gingival health
3. In patients where the periodontal condition does not resolve, additional therapy may be required.
  - a. Not all patients or sites will respond equally or acceptably.
  - b. Additional therapy may be warranted on a site specific basis.

## CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

- Altering or eliminating the microbial etiology and contributing risk factors for periodontitis.
- Arresting the progression of periodontitis and preserving the dentition in a state of health, comfort, and function with appropriate esthetics.
- Preventing the recurrence of periodontitis.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

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1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on chronic periodontitis with slight to moderate loss of periodontal support. J Periodontol 2000 May; 71(5 Suppl):853-5. [27 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1996 Oct (revised 2000 May)

### GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

### SOURCE(S) OF FUNDING

American Academy of Periodontology

### GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct . 9-14 [21 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

## GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to [www.perio.org](http://www.perio.org). To access a copy of the Parameters of Care, go to [www.perio.org/resources-products/pdf/parameters.pdf](http://www.perio.org/resources-products/pdf/parameters.pdf).

## AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to [www.perio.org](http://www.perio.org). To access a copy of the Parameters of Care, go to [www.perio.org/resources-products/pdf/parameters.pdf](http://www.perio.org/resources-products/pdf/parameters.pdf).

## PATIENT RESOURCES

None available

## NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

## COPYRIGHT STATEMENT

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